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ABSTRACT

This employer's manual is part of a position simulation developed for use in an office applications laboratory at the postsecondary level. The purpose of the simulation is to give the student an opportunity to become familiar with the tasks and duties performed by a clerk-typist working for an independent insurance agency. The employer's manual serves as a general guide to the position simulation. It provides a description of the company, a company organizational chart, information on when to use the simulation, lists of required equipment and references, information on the instructor's role, and information on and forms for student/employee evaluation. Reproduction masters for forms required for tasks in the student packets are also provided. The final section contains the keys to the tasks in the student packets. Instructor Guide Sheets, which precede each key, indicate unit title; description of task; required materials, supplies, and/or equipment; and suggested requirements. (YLB)

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OFFICE OCCUPATIONS

ED249396

SIMMONS INSURANCE AGENCY

A Clerk-Typist Position Simulation

Employer's Manual

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**Developed and Produced
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**Division of Program Development
Office of Vocational Education
Georgia Department of Education
Atlanta, Georgia 30334**

**Charles McDaniel, State Superintendent of Schools
1982**

SIMMONS INSURANCE AGENCY
A Clerk-Typist Position Simulation

Developed by
Columbus Area Vocational-Technical School
Columbus, Georgia

Revised by
Georgia State University
Atlanta, Georgia

Project Supported by
Office of Vocational Education
Division of Program Development
Georgia Department of Education
Atlanta, Georgia 30334

Dr. Charles McDaniel, State Superintendent of Schools

1982

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FOREWORD

This clerk-typist position simulation has been developed for use in an office applications laboratory at the postsecondary level. Its purpose is to give the student an opportunity to become familiar with the tasks and duties that may be performed by a clerk-typist.

Appreciation is expressed to Mr. K. Gerald Allen, Project Coordinator, and to the business education instructors at Columbus Area Vocational-Technical School for the development of these materials.

Appreciation is also expressed to the many business education instructors throughout the state who field tested, evaluated, and provided invaluable feedback on these materials as a part of this revision effort.

Sincere appreciation goes to Dr. John H. Lloyd, Director, Program Development Division, for his continued support, encouragement, and leadership in this revision effort.

Dr. Harmon Fowler
Project Director
Office Simulation Project

Mrs. Doris Rash-Wooten
Assistant Project Director
Office Simulation Project

GENERAL DESCRIPTION

SIMMONS INSURANCE AGENCY is a position simulation designed to acquaint the student with the duties performed by a clerk-typist working for an independent insurance agency. A position simulation is often referred to as the second level of simulation. The levels are: (1) task, (2) position, and (3) work flow.

The activities included in the Simmons Insurance Agency simulation are sequenced as they would be performed in a real work situation. There is no work flow or interrelationship between workers in the agency. The student using the simulation will be working as a clerk-typist for a small, independent insurance agency.

In the student packet, each task has been labeled for easy identification in the upper right-hand corner as follows:

(1)	-	(2)	-	(3)
Packet		Task		Page of Task

The Employer's Manual serves as a general guide and contains keys for each task. The keys are numbered in the same manner as the tasks in the student packets.

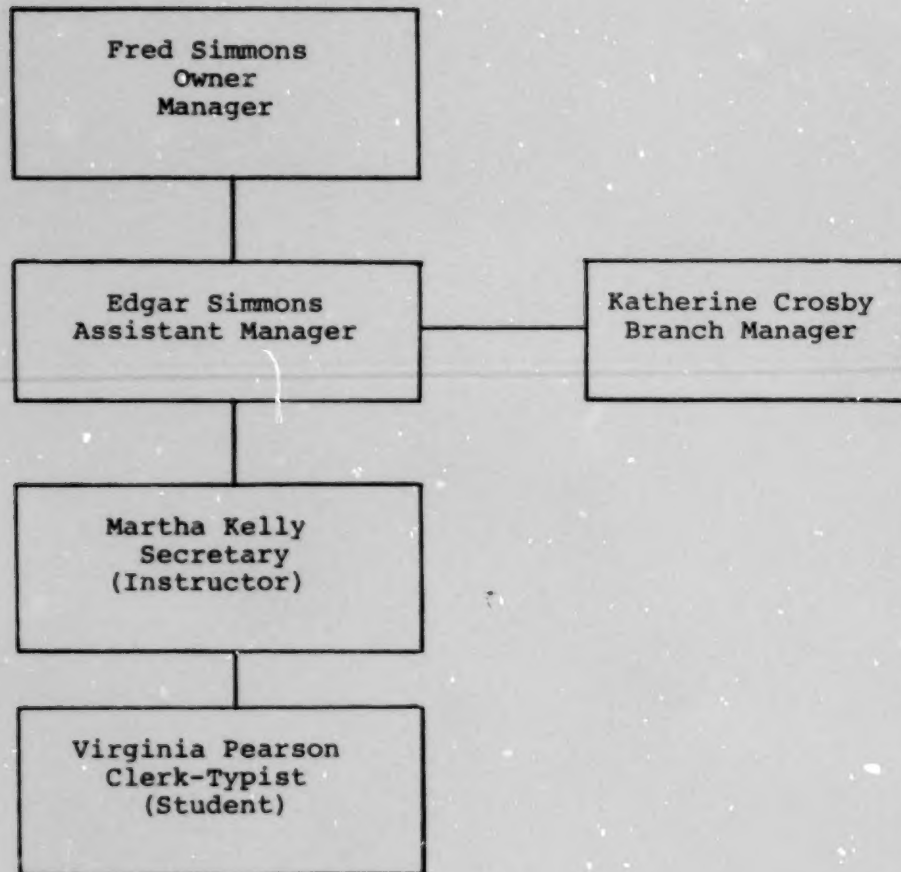
ABOUT THE COMPANY

SIMMONS INSURANCE AGENCY is a small, independent insurance agency. The company has been in existence since October, 1948. Mr. Fred Simmons founded the agency in Columbus, Georgia, and opened an office at 928 45th Street. In 1973, Edgar Simmons, Fred's oldest son, joined the firm. At the present time, Simmons Insurance Agency is located at the same address in Columbus; and the firm has opened a new office in Albany, Georgia. The manager in Albany is Katherine Crosby. (SEE ORGANIZATION CHART)

A wide variety of insurance coverage is offered by Simmons Insurance Agency. Clients may purchase insurance from a number of major insurance companies after research is completed by the Simmons Insurance Agency to select the best protection at the best possible price.

Mr. Fred Simmons is the owner and general manager of the Simmons Insurance Agency. His son, Edgar, is now a partner in the firm and acts as assistant manager. Martha Kelly was hired as the secretary for the firm when it opened in October, 1948. Martha handles the secretarial duties and serves as the customer service representative. Virginia Pearson was hired in June, 1975, to assume the clerk-typist duties required by the firm. Virginia is on maternity leave at the present time, and the student has been hired to perform her responsibilities during this absence. A job description for the clerk-typist gives an outline of duties and responsibilities for the position.

ORGANIZATION CHART



WHEN TO USE THE SIMULATION

The student performing the clerk-typist duties for the Simmons Insurance Agency should have successfully completed the following courses:

1. Beginning and intermediate typewriting
2. Business mathematics
3. Business English

The student should also be familiar with filing procedures, transcribing equipment, duplication equipment, and telephone techniques. The Simmons Insurance Agency simulation should be performed by the student during the third quarter of training of a four-quarter program. It is suggested that the second quarter of training consist of a task simulation and the fourth quarter of a work-flow simulation.

The Simmons Insurance Agency simulation is designed for students working independently. Students in a class may start on different dates since work is not affected by other members of the class. An orientation should be provided for the student. The instructor should explain the use of the materials provided and the procedures to be followed in the completion of the tasks.

The Simmons Insurance Agency simulation consists of five (5) packets of materials. Each packet contains approximately ten (10) hours of work for the clerk-typist. Fifty (50) class hours are required to complete the tasks; however, this will vary depending upon the ability of the student. A minimum of two (2) hours per day is necessary. The student should read instructions given for

each task and consult the Employee's Manual for company procedures. Completed work should be submitted on a weekly basis for evaluation by the instructor. Each ten hours of work (one packet) represent one calendar day's work for the clerk-typist.

EQUIPMENT

Because of the nature of the clerk-typist position simulation, a minimum amount of equipment is necessary. The basic equipment that is required follows:

- Typewriter
- Calculator or adding machine
- Desk calendar
- Stapler
- Staple remover

Other optional equipment could be as follows:

- Photocopier
- Ditto or mimeograph equipment
- Postage scale
- Postage meter
- Hole puncher
- Telephone

REFERENCES

There should be a reference center that could be used by all students participating in the position simulation. This should be in a central location and should contain the following:

- Word finder
- Secretarial handbook
- Style manual for typewriting
- ZIP Code directory
- Office supply catalog
- Telephone directory
- Hotel/motel guide (OPTIONAL)

INSTRUCTOR'S ROLE

The instructor will assist in training the temporary clerk-typist. The secretary, Martha Kelly, is still with the firm. The instructor could role-play the position of the secretary and act as a co-worker with the new clerk-typist.

For orientation, the instructor should discuss fully with the student the method of receiving work. This simulation uses the packet method. Each packet contains the equivalent of one calendar day's work. However, the student will work on the packet approximately ten hours. At the end of this time, the packet will be presented to the instructor (secretary) for approval or suggestions. If possible, this work should be discussed with the student before continuing with the next packet.

The Simmons Insurance Agency position simulation was designed for fifty (50) hours of work; however, the instructor may select individual or tasks to be completed by the student in more or less time than this.

EVALUATION

The student's work should be checked by the instructor on a weekly basis. A suggested scale for the packets is as follows:

Perfect	A
Mailable	B
Retyped once	C
Unmailable after retyping	F

An overall employee evaluation form is shown on the next page. On the page following the evaluation form is a progress record that may be kept by the instructor.

EMPLOYEE EVALUATION

Employee's Name _____ Social Security No. _____
 Position _____ Date _____

	RATING
ATTENDANCE	
Punctuality	
Absenteeism	
ATTITUDE	
Attitude toward job	
Attitude toward other employees	
Attitude toward supervisors	
Loyalty for company	
EFFICIENCY	
Quantity of work	
Job knowledge	
Alertness	
Planning	
OFFICE SKILLS	
Typing	
Transcription	
Machines	
Filing	
Miscellaneous	
CHARACTER	
Initiative	
Dependability	
Confidentiality	
Cooperation	
Self-control	
Self-confidence	
Personality	
Flexibility	
Courtesy and tact	
PERSONAL APPEARANCE	
Appropriate	
Neatness	
MISCELLANEOUS	
Neatness of work area	
Observing chain of command	
Following flow of paper work	
Other	
TOTAL RATING	

(Ratings: Excellent = 5 pts.; Good = 4 pts.; Average = 3 pts.; Poor = 1 pt.)

STUDENT PROGRESS RECORD

Task No.	Description	Date Started	Date Completed	Perfect	Mailable	Retyped Once	Unacceptable

MASTERS

In most of the tasks, only one copy of each form has been provided in the student packets. Additional copies must be duplicated in advance for tasks requiring more than one. It will be the responsibility of the instructor to see that these extra copies are duplicated.

A master copy of many of these forms has been provided in this section.

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

Personal Information

Date _____ Social Security Number _____

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Phone Number _____ Height _____ Weight _____

If related to anyone in our employ, state name and department _____

Referred By _____

Employment Desired

Position _____ Date you can start _____

Salary Desired _____ Are you employed now? _____

If so, may we inquire of your present employer? _____

Ever applied to this company before? _____ Where _____ When _____

References

List Three (3) persons, unrelated, that you have known one (1) year.

Name	Address	Business	Years Acquainted
1			
2			
3			

Physical Record

List any physical defects _____

Were you ever injured? _____

Have you any defects in hearing? _____ In vision? _____
In speech? _____

In Case of Emergency notify _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Remarks _____

Neatness	Character
Personality	Ability

Hired _____ For Dept. _____ Position _____ Will Report _____ Salary (Wages) _____

Approved: 1. _____ 2. _____ 3. _____
Employment Manager Department Head General Manager

Insurance Calendar

I Have Premiums Due on the Following Dates . . .

MONTH	DAY	COMPANY	AMOUNT
JAN.			
JAN.			
FEB.			
FEB.			
MAR.			
MAR.			
APR.			
APR.			
MAY			
MAY			
JUNE			
JUNE			
JULY			
JULY			
AUG.			
AUG.			
SEPT.			
SEPT.			
OCT.			
OCT.			
NOV.			
NOV.			
DEC.			
DEC.			

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name: _____ S.S. No. _____

I hereby authorize my Employer: _____

City & State: _____ to deduct from my earnings such
amounts as may now or hereafter be payable by me under the insurance
plan purchased through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date: _____

Signature of Applicant: _____

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name: _____ S.S. No. _____

I hereby authorize my Employer: _____

City & State: _____ to deduct from my earnings such
amounts as may now or hereafter be payable by me under the insurance
plan purchased through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date: _____

Signature of Applicant: _____

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM

TO _____

DATE _____ 19____

INTERNATIONAL



INSURANCE CO.

Premium Notice

Policy No.	Insured	Dividend Due Date
Current Dividend	Total Paid-Up Additional Insurance	
For Insurance Service, Contact your International Insurance Representative or your International Office. IMPORTANT: Please keep this notice for your record.		

**APPLICATION FOR LIFE INSURANCE TO
SIMMONS INSURANCE AGENCY**

Part A

Life

Policy No. _____

Date of Policy _____

1. Full Name of Proposed Insured _____

Social Security No. _____ Maiden Name _____

2. Address (Information)

Residence _____
Street City County State Zip Code

Business _____
Street City County State Zip Code

Former
Residence _____
Street City County State Zip Code

How long at each address (above)?

Residence _____

Business _____

Former
Residence _____

Send Notice to Address (Check Which Address)

Residence _____

Business _____

Former

Residence _____

3. Underwriting Class _____

4. Automatic Premium Loan? _____

5. Dividend Option _____

6. Endowment Option _____

7. Place of birth _____ Citizen of _____

Sex _____ Age _____ Date of birth _____
 Month Day Year

Plan	Amount	Mode				Method				Riders			
		A	SA	Q	M	PA	PD	SS		DI	WP	Pay or	Term

Premium Amount		
Life	Wp	Total
Di	Pay	Premium

9. Beneficiary _____
 Full Name Relationship Date of Birth

Contingent _____
 Full Name Relationship Date of Birth

10. _____

Owner if other than Proposed Insured	Address	Zip Code	Social Security No.
Contingent			

11. Occupation _____ Duties _____
 Monthly Income _____ Firm and Title _____

12. Does Proposed Insured Contemplate:

A-Foreign Travel Yes ____ No ____

B-Participation in skin diving, parachuting or racing Yes ____ No ____

C-Flying other than as a passenger or has he flown other than as a Passenger during past 3 years. Yes ____ No ____

(If yes, complete aviation supplement)

13. Is the right to change Beneficiary reserved? Yes ____ No ____

14.

Family Record of Proposed Ins.		Age Living	Age Death	State of Health or Cause and Date of Death
Wife or Husband				
Father				
Mother				
No. Living	No. Living			
	No. Dead			

Family Record of Proposed Ins.	Insurance Now Owned - Company	Amount Life	Amount Di	Amount Dis. Inc	Year of Issue
Wife or Husband					
Father					
Mother					

Has Proposed Insured any application now pending?
Kind - Company - Amount

Do you intend the replacement or change or any of your existing insurance policies in connection with this application for new insurance?
Yes ____ No ____

15. Home Office Additions or Corrections: _____

Cash Received with Application \$ _____ For _____

Premium _____ Date _____ 19 _____

First Agent _____ Code No. _____

Signature of Proposed
Insured or parent of Juvenile _____

Second Agent _____ Code No. _____

Signature of Owner
if other than Proposed Insured _____

Give official capacity if signed on behalf of a corporation _____

AGENT'S REPORT

1. How long have you known Proposed Insured? _____
Applicant (Father of Proposed Insured, if
child under 15?) _____
2. Does Proposed Insured's appearance indicate health and strong
constitution? _____
3. Has Proposed Insured any obvious deformity, any impairment of sight,
speech or hearing? _____
4. Did you personally see Proposed Insured and Applicant, if any, complete
and sign this Application? _____
5. As agent for this Company, do you unreservedly recommend Proposed
Insured for standard insurance? _____
Substandard? _____
6. What other Agent receives commission on this application? _____
How much? _____
7. What approximately is Proposed Insured's (Father of Proposed Insured,
if child under age 15) net worth? _____
Annual Income _____

8. If Proposed Insured is a child under age 15

a.) Give full name and address of Father _____

b.) Amount of insurance on brothers and sisters under age 15 _____

c.) Amount of insurance on life of Father _____

9. Business Insurance: Give full reasons for this insurance and nature of Applicant's insurable interest. (A Beneficiary who is to own policy must sign as Applicant) _____

10. Give five References:

Name _____	Address _____
Name _____	Address _____
Name _____	Address _____
Name _____	Address _____
Name _____	Address _____

Non-Medical Limits:

Age

0-14	12,000.00	36-40	7,500.00
15-30	25,000.00	41-45	2,000.00
31-35	15,000.00	55 and over	- Medical

Agency Director

Division Manager

AUTHORIZATION

To all licensed physicians, medical practitioners, hospitals, clinics or other medically related facilities, insurance companies, the Medical Information Bureau or other organizations, institutions or persons, that have any records or knowledge of me or my health, you are authorized to give the SIMMONS INSURANCE AGENCY any such information regarding my medical history, physical condition and diagnosis. A photostatic copy of this authorization shall be as valid as the original.

Date _____, 19 ____

Witness

Signature of Proposed Insured or
Parent of Juvenile

RECEIPT

DO NOT DETACH UNLESS FULL FIRST PREMIUM IS PAID WITH APPLICATION
Do not detach unless full first premium is paid with application

Received from

the sum of (\$), Dollars.

for the full premium specified in the application for insurance in the SIMMONS INSURANCE COMPANY which bears the same date and serial number as this receipt. The insurance under the policy for which application is made shall be effective on date of this receipt or the date of completion of the medical examination (if required) whichever is the later date if, in the opinion of the authorized Officers of the Company at its Home Office in _____, Georgia the Proposed Insured is insurable and acceptable for insurance under its rules and practices on the plan of insurance, for the amount of insurance, and at the premium rate set forth in the application, exclusive of any amendments in the space for "Home Office Additions or Corrections." However, if the Proposed Insured dies prior to the Company's actual issuance and delivery of the policy applied for, the total liability of the Company under this receipt and other insurance in force in this Company shall not exceed \$25,000.00.

If the Company declines to issue a policy or issues a policy other than the policy for which application is made, the Company shall incur no liability hereunder except to return by its check the above payment upon surrender of this receipt

This receipt shall be void if given for check or draft which is not honored on presentation.

., 19 Agent
If you do not receive your Policy or hear from the Company within 60 days, write us.

SEE NEXT PAGE FOR PRE-NOTICE

PRE-NOTICE

Information regarding your insurability will be treated as confidential. SIMMONS INSURANCE AGENCY may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. (Medical information will be disclosed only to your attending physician). If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts, 02112, telephone number (617) 426-3660.

SIMMONS INSURANCE AGENCY may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

FROM
TO

REPORT OF ACCIDENT AND CLAIM

For Office Use Only

Claim No. _____

Date of Accident _____ 19____ Time _____ A.M. _____ P.M. _____ Dark _____ Light _____

Place of Accident _____

Street _____ City _____ State _____

YOUR CAR Year _____ Make _____ Body Style _____ Lic. No. _____

Owned By _____ Address _____
Street _____ City _____ State _____

Driven By _____ Address _____
Street _____ City _____ State _____

Driver's Age _____ Was Driver on Any Mission for Owner of Car? Yes _____ No _____ If Yes, Explain _____

Kind of Insurance Carried-Liab. _____ Med. Pay _____ Comp. _____ Coll. _____ Amount of Deductible _____

Policy No. _____ Name of Insurance Co. _____ Name of Agent _____

Has Accident Been Reported to Your Company _____ Yes _____ No _____ Where May Car Be Seen? _____

Has Any Part of Your Damage Been Paid By Your Company _____ Yes _____ No _____ Amount _____

NAMES AND ADDRESSES OF PASSENGERS IN YOUR CAR AND APPROXIMATE AGES

Names	Addresses	Ages
_____	Street _____ City _____ State _____	_____
_____	Street _____ City _____ State _____	_____
_____	Street _____ City _____ State _____	_____

OTHER CAR Make _____ Body Style _____ Lic. No. _____

Owned By _____ Address _____
Street _____ City _____ State _____

Driven By _____ Address _____
Street _____ City _____ State _____

THE ACCIDENT Were Police There? Yes No From What Station? _____

Officer's Badge No. _____ (Name, If Known) _____

Names and Addresses of All Other Witnesses:

Names

Addresses

Was Anyone Injured in Your Car? Yes No If So, Who? _____

Was Anyone Injured in Other Car? Yes No If So, Who? _____

Describe Injuries _____

Name of Attending Dr _____ Address _____

Street Name & Direction You Were Traveling _____ Speed _____

Street Name & Direction Other Car Traveling _____ Speed _____

What Traffic Control Was There? _____

What Were Weather Conditions? _____ Condition of Pavement _____

What Attracted Your Attention to Other Car? _____

How Far from Intersection Were You? _____ Other Car? _____

Was Speed of Your Car Reduced? Yes No Increased? Yes No Other Car Reduced? Yes No
Increased? Yes No

Did You See Other Car Prior to Impact? Yes No Did You Sound Horn? Yes No
Did Other Car? Yes No

What Signal Did You Give? _____ Other Car? _____

Any Skid Marks Made by Your Car? Yes No Length _____ Other Car? Yes No
Length _____

What Part of Your Car Was Damaged? _____

Estimated Cost of Repairs \$ _____ Who Made the Estimate? _____

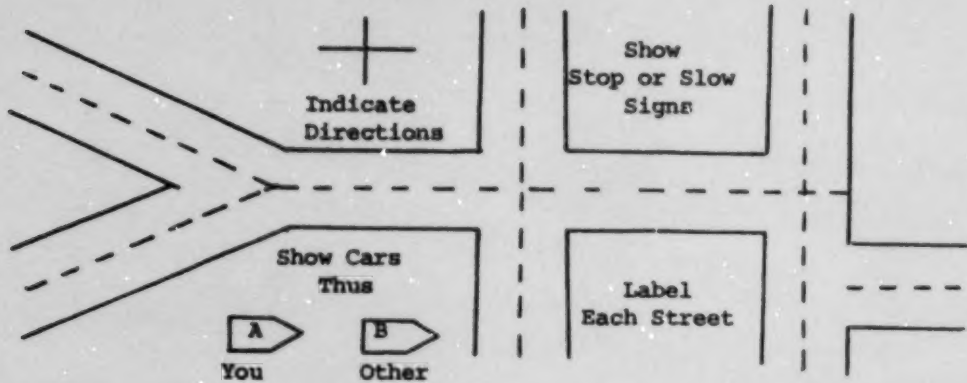
Have Repairs Been Made? Yes No What Part of Other Car Damaged? _____

Was Place of Accident
Were All Your Lights On? Yes No Other Car? Yes No Well Lighted? Yes No

What Statements Were Made by You or Other Party about Accident After It
Occurred? _____

PLEASE COMPLETE DIAGRAM

Illustrate position of cars at time of collision. Show skid marks.



State Briefly How Accident Happened _____

Are You Making Claim for Damages on Account of the Accident? Yes No

If Yes, Against Whom? _____ In What Amount? _____

I Hereby Declare That The Facts Stated In This Report Are True.

Signed _____ Date _____ 19 _____

Address _____
 Street City State

Residence Telephone _____ Business Telephone _____

Occupation _____

Witness' Signature _____

Address _____

In order to keep your files up to date, and give you the best service possible, it is IMPORTANT that you COMPLETE THIS FORM AND RETURN IT in the self-addressed envelope.

NAME _____ POLICY NO.'S _____
ADDRESS _____ (if known) _____

___ This is a new address as of _____

PHONE NUMBER (Home) _____ (Business) _____

Since our last discussion, I have:

___ changed banks, need automatic bank draft authorization
card for ___ premiums; ___ note; ___ loan;
___ acquired new life insurance ___ group ___ other
___ changed jobs Name of company _____
Current occupation _____

Family information:

___ marital status has changed (if married, please complete
below)
Spouse's Name _____ Date of Birth _____
___ we expect a child in _____ (month)
___ we had a child on _____ (date of birth)
Child's Full Name _____ Nickname _____

I am interested in receiving information concerning:

___ change of beneficiary	___ tax sheltered retire-
___ life insurance on my spouse	___ ment plan (IRA, Keogh,
___ life insurance on my child(ren)	___ or TSA)
___ educational insurance	I am currently in a
___ disability income protection	retirement plan ___ yes
___ additional life insurance	___ no
___ medical insurance	___ converting term
___ mortgage life insurance	___ insurance
___ group life insurance	___ paying off my deferred
___ key man insurance	___ note (to save interest)
___ business continuation	___ a savings plan
___ insurance	___ personal estate analysis
	___ other

PURCHASE ORDER

ORDER NO.

DATE

TERMS

SHIP VIA

TO

QUANTITY	CAT. NO.	DESCRIPTION	UNIT PRICE	TOTAL

INTERNATIONAL



INSURANCE CO.

Gordy Building

Columbus, Ga. 31901

Phone: (404) 555-2369

1-67
216

NO. _____

DATE _____ 19____

PAY _____ DOLLARS \$ _____

TO
THE
ORDER
OF

L

:0210::0057:242::0::024180:

DETACH AND RETAIN THIS STATEMENT

THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	GROSS AMOUNT	DEDUCTIONS	NET AMOUNT	

CASH PAYMENTS JOURNAL

PAGE ____

	DATE			CK. NO.	ACCOUNT DEBITED	POST. REF.	SUNDY ACCOUNTS DR.	ACCOUNTS PAYABLE DR.	PURCHASES DISCOUNT CR.	CASH CR.
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										

45

[illegible]

SIMMONS INSURANCE AGENCY

Annuity Protector

YOUR PLAN FOR FINANCIAL SECURITY

Prepared Especially For _____ Age _____
Annual Savings Deposit \$ _____ Face Amount \$ _____
Double to Age 55 \$ _____

I. At the end of 10 Years you will have:

A. Cash Value. \$ _____
B. Annuity Fund* \$ _____
C. Total Cash. \$ _____
D. Death Benefit \$ _____
E. Total if death occurred 10th Year \$ _____

II. At the end of 20 Years you will have:

A. Cash Value. \$ _____
B. Annuity Fund* \$ _____
C. Total Cash Available. \$ _____
D. Death Benefit \$ _____
E. Total Cash if death occurred 20th Year. \$ _____

III. At age 65 you would have:

A. Cash Value. \$ _____
B. Annuity Fund* \$ _____
C. Total Cash Available. \$ _____
D. Death Benefit \$ _____
E. Total Cash if death occurred at age 65. \$ _____
(Cash value not included in death benefit after age 65)

*Annuity Fund Computed at 6%
Company Guarantees Minimum 4%

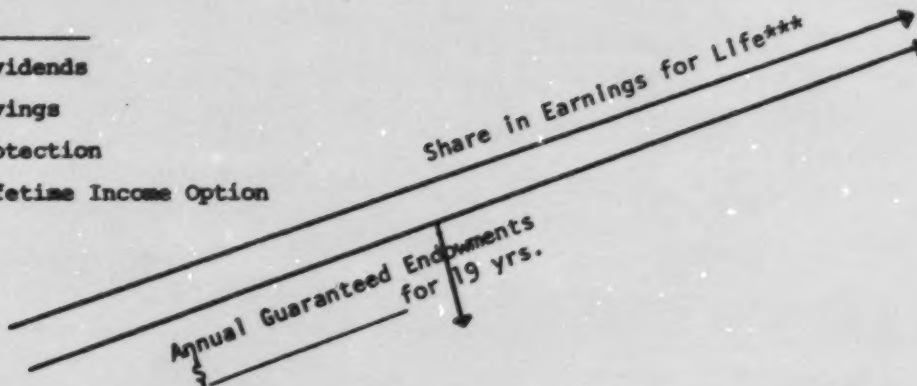
ZETA SERIES 200

YOUR MONEY AT WORK

PARTICIPATING
(\$10,000 Unit)

Age _____

1. Dividends
2. Savings
3. Protection
4. Lifetime Income Option



L I V E

At End of 20 Years

19 Endowments.	.\$ _____	(1)
***Accumulated 4½%.	.\$ _____	(2)
**Dividends.	.\$ _____	(3)
Cash	.\$ _____	(4)
Paid in Premiums	.\$ _____	(7)
TOTAL CASH.	.\$ _____	(5)
Net Premium Deposits	.\$ _____	(8)
or Paid Up Policy	.\$ _____	(6)
 Your Annual Premium.	.\$ _____	(9)

PHASE 1

PHASE 2

If Death Occurs 1st Year

Basic Amount.	.\$ _____
PLUS Return of all	
Premiums Paid	.\$ _____
Accumulated Endowments.	.\$ _____
Accumulated Dividends	.\$ _____

TOTAL DEATH

BENEFITS.	.\$ _____
-------------------	-----------

But that isn't all!

You get immediate cash of	.\$ _____
-------------------------------------	-----------

TOTAL BENEFITS.	.\$ _____
-------------------------	-----------

***As long as in force on a premium paid basis.

**Dividends and Endowments are guaranteed to accumulate at only 3%.

If Death Occurs During 20th Year

PHASE 3

Basic Amount. \$ _____
 PLUS Return of all
 Premiums Paid \$ _____
 Accumulated Endowments. \$ _____
 Accumulated Dividends \$ _____

 TOTAL DEATH
 BENEFITS. \$ _____

 But that isn't all!
 You get immediate cash of \$ _____

 TOTAL BENEFITS. \$ _____

L I V E
 At Age 65

Cash Value. \$ _____
 Accumulated Dividends \$ _____
 Accumulated Endowments. \$ _____

 TOTAL CASH. \$ _____

 Cash Profit \$ _____
 Return of \$ _____
 For Each Dollar Invested

PHASE 4

LIVE...QUIT...end of

Accumulated Dividends. . . . \$ _____
 Accumulated Endowments . . . \$ _____

 TOTAL. \$ _____

 Paid-Up Insurance. \$ _____

 ACTUALLY PAID IN \$ _____

 Profit or Loss. \$ _____

PHASE 5

SUCCESSFUL PEOPLE HAVE THE ABILITY
 TO MAKE DECISIONS
 WHEN THEY HAVE ALL THE FACTS.

WHAT IS YOUR DECISION?

KEYS TO STUDENT PACKETS

This section contains the keys to the tasks found in the student packets. They are numbered in the same manner as the tasks in the student packets.

Indicated on the Instructor Guide Sheet preceding each key can be found frequent reference to "See Employer's Manual" following certain sections, such as the Proficiency and Accuracy sections. This reference means to go to that section of the Employer's Manual where this information may be found.

Proficiency requirements can be found under the section titled, "WHEN TO USE THE SIMULATION"; and Accuracy requirements can be found under the section titled, "EVALUATION."

KEY TO STUDENT PACKET I

INSTRUCTOR GUIDE SHEET

Unit Title: Type an application form and W-4 form

Description: Student will type an application form with personal information and complete W-4 form. Typing a file folder label and establishing a personnel file is also required.

Materials, Supplies, and/or Equipment

Included: Application form
W-4 form

Needed but not Included: Typewriter
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

Information will vary with student.

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

Personal Information

Date June 9, 19-- Social Security Number 331-16-8118

Name Burns Frances Jayne
 Last First Middle

Present Address 5806 Pine Avenue Columbus GA 31902
 Street City State Zip Code

Permanent Address -SAME AS ABOVE-
 Street City State Zip Code

Phone Number (404) 555-5103 Height 5'4" Weight 125 lbs.

If related to anyone in our employ, state name and department N/A

Referred By Newspaper advertisement

Employment Desired

Position Secretary Date you can start June 15

Salary Desired \$3.65 hour Are you employed now? No

If so, may we inquire of your present employer? N/A

Ever applied to this company before? No Where? N/A When? N/A

Education

	Name and Location of School	Years Attended	Date Graduated	Subjects Studies
Grammar School	Blanchard School			
	Columbus, Georgia			
High School	Carver High School	1972-1976	June 1976	Academic
	Columbus, Georgia			
College	-N/A-			
Trade, Business or Other Type School	Columbus Tech	1978-1979	August 1979	Secretarial
	Columbus, Georgia			

Subjects of Special Study or Research Work _____

What foreign languages do you speak fluently? Spanish
 Read Yes Write Yes

Activities other than Religious (Civic, Athletic, etc.) YMCA

(Omit organizations, the name or character of which indicates the race, creed, color, or national origin of its members.)

Former Employers

List Below Four (4) Employers, start with the last one first.

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From 6-75	The Pizza Palace Macon Road, Columbus	\$2.30/ hour	Clerk	Return to School
To 8-75				
From				
To				
From				
To				
From				
To				

References

List Three (3) persons, unrelated, that you have known one (1) year.

Name	Address	Business	Years Acquainted
1 Jones, A. M.	The Pizza Palace, Macon Rd., Cols.	Restaurant	1
2 Freid, John	1904 Wyngate, Cols.	Real Estate	8
3 Schmidt, Thomas	243 Broadway, Cols.	Columbus Hardware	5

Physical Record

List any physical defects N/AWere you ever injured? No

Have you any defects in hearing? No In vision? Contact Lenses
 In speech? No

In Case of Emergency notify Burns, Ralph - 5806 Pine Avenue, Cols., GA

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

June 8, 19--
Date

Frances Burns
Signature

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Remarks _____

Neatness	Character
Personality	Ability

Hired ___ For Dept. ___ Position ___ Will Report ___ Salary (Wages) ___

Approved: 1. _____ 2. _____ 3. _____
 Employment Manager Department Head General Manager

Form W-4

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE **(USE FOR WAGES PAID AFTER MAY 31, 1977)**

I-1-4

This certificate is for income tax withholding purposes only. It will remain in effect until you change it. If you claim exemptions from withholding, you will have to file a new certificate on or before April 30 of next year.

Type or print your full name BURNS, FRANCES JAYNE	Your social security number 331-16-8118
Home address (number and street or rural route) 5806 Pine Avenue	Marital Status ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate Note: If married, but legally separated or spouse is a nonresident alien, check the Single block.
City or town, State, and ZIP code Columbus, GA 31902	
1 Total number of allowances you are claiming -0-	
2 Additional amount, if any, you want deducted from each pay \$	
3 I claim exemption from withholding	

Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I incurred no liability for Federal income tax for last year and that I anticipate that I will incur no liability for Federal income tax for this year.

Signature _____ Date _____ Current 19 _____

*Information will vary with student.

INSTRUCTOR GUIDE SHEET

Unit Title: Type Insurance Terms

Description: Mr. Simmons has been invited to speak at the local high school on Career Day. He needs a copy of these insurance terms to use during his presentation. The student is required to make a typewritten copy by tomorrow afternoon for Mr. Simmons to take with him.

Materials, Supplies, and/or Equipment

Included: List of insurance terms

Needed but not Included: Typewriter
Paper
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

LIFE AND HEALTH INSURANCE TERMS

Agent - A sales and service representative of an insurance company. Life insurance agents are also known as "life underwriters."

Automatic Premium Loan - A provision in or a supplement to a life insurance policy authorizing the company to pay automatically any overdue premium by means of a policy loan.

Beneficiary - The person named in a policy to receive the insurance proceeds at the death of the insured.

Cash Value - The amount of money that will be paid to the owner of a whole life or endowment policy if he/she elects to give up the policy.

Claim - A formal notice to an insurance company requesting payment of an amount due under the terms of a policy.

Convertible Term Insurance - Term insurance which can be exchanged at the option of the policyholder and without evidence of insurability, for a policy on the whole life or endowment plan.

Disability (Total) - An illness or injury which prevents an insured person from performing any duty of his/her occupation, or any other profitable work.

Deductible - Found in major medical insurance and is that portion of covered hospital and medical charges which an insured person must pay before his/her policy's benefits begin.

Dividend - A refund of part of the premium on a participating life insurance policy, reflecting the difference between expected and actual mortality, interest earnings, and operating expenses.

Double Indemnity - Additional payment to the beneficiary equal to the face amount of the basic policy when the policyholder's death results from accident.

Extended Term Insurance - The original amount of life insurance protection extended for a period of time as stated in a whole life or endowment policy should premium payments be discontinued.

Face Amount - The amount stated on the face of the policy that will be paid in case of death or, in an endowment policy, at maturity. The face amount does not include dividend additions, or additional amounts payable under accidental death or other special provisions.

Grace Period - A period (usually 31 days) following the premium due date, during which an overdue premium may be paid without penalty. The policy remains in force throughout this period.

Guaranteed Renewable Policy - A health insurance policy which the insured has the right to continue in force by the timely payment of premiums to a specified age (usually age 50). During that period the insurer has no right to make unilaterally any change in any provision in any provision of the policy while the policy is in force but may make changes in premium rates by policyholder class.

Insurability - Acceptability to the company of an applicant for insurance.

Lapsed Policy - A policy terminated for nonpayment of premiums. The term is sometimes limited to a termination occurring during the first two years and before the policy has a cash or other surrender value.

Life Expectancy - The average number of years of life remaining for persons of a given age, according to a particular mortality table.

Mortality Table - A statistical table showing the death rate at each age, usually expressed as so many per thousand.

Nonforfeiture Values - The choice of values, either in cash or in other forms of insurance, available to the policyholder if he/she elects to discontinue paying premiums. The other forms of insurance available are extended term insurance and reduced paid-up insurance.

Nonparticipating Insurance - Insurance on which the premium is calculated to cover as closely as possible the anticipated cost of the insurance protection and on which no dividends are paid.

Ordinary Life Insurance - Life insurance in amounts of \$1,000 or more with premiums payable on an annual, semiannual, quarterly, or monthly basis. The term is also used to mean the straight-life policy.

Paid-Up Insurance - Insurance on which all required premiums have been paid. The term is frequently used to mean the reduced paid-up insurance available as a nonforfeiture option.

Participating Insurance - Insurance on which the policyholder is entitled to receive policy dividends reflecting the difference between the premium charged and actual experience. The premium is calculated to provide some margin over the anticipated cost of the insurance protection.

Permanent Life Insurance - Any form of life insurance, such as whole life or endowment, which accrues cash value; any form of life insurance except term.

Settlement Options - Alternative ways in which the policyholder or beneficiary may choose to have life insurance proceeds paid as income rather than as one lump sum.

INSTRUCTOR GUIDE SHEET

Unit Title: Type an insurance calendar

Description: The student will be required to type an insurance calendar for one of Mr. Simmons' clients. The client's name should be centered in the space immediately above the printed words: I have Premiums Due on the Following Dates...

Materials, Supplies, and/or Equipment

Included: Calendar form

Needed but not Included: Typewriter
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 5 Minutes

Accuracy: See Employer's Manual

Insurance Calendar

JAMES F. KELLY

I Have Premiums Due on the Following Dates . . .

MONTH	DAY	COMPANY	AMOUNT
JAN.			
FEB.			
MAR.	31	MSL Auto Ins.	\$79.32
		68-34-21	
APR.			
MAY			
JUNE	30	MSL Auto Ins.	\$79.32
		68-34-21	
JULY			
AUG.			
SEPT.	30	MSL Auto Ins.	\$79.32
		68-34-21	
OCT.			
NOV.			
DEC.	31	MSL Auto Ins.	\$79.32
		68-34-21	

INSTRUCTOR GUIDE SHEET

Unit Title: Address envelopes and locate Zip Codes

Description: A list of clients need to receive a checklist so that the company's files can be kept up to date. The student will be required to look up the Zip Codes for the addresses, address the envelopes, and make a typewritten copy of the list of clients for Mr. Simmons to have in his briefcase. The checklist is to go in the mail by the end of the week or the first of next week.

Materials, Supplies, and/or Equipment

Included: List of clients
Checklist form

Needed but not Included: Envelopes (25)
ZIP Code Directory
Typing paper
Typewriter
Correction materials
Additional forms (24)

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour, 30 minutes

Accuracy: See Employer's Manual

Typewritten list showing Zip Codes

- | | |
|---|--|
| 1. Mr. David Conrad
602 49th Street
Columbus, GA 31906 | 13. Mrs. Mattie Spear
Pinehill Drive
Phenix City, AL |
| 2. Mr. Fred Daughtry
74 Oakley Court
Columbus, GA 31906 | 14. Mr. George Vickery
4022 Pamela Street
Columbus, GA 31904 |
| 3. Mrs. Mildred Davis
3210 Morehouse
Columbus, GA 31906 | 15. Mrs. Myra Ward
3329 Wallace Drive
Columbus, GA 31906 |
| 4. Mrs. Luther Ray
928 Vineville Street
Columbus, GA 31904 | 16. Mrs. Georgia Williams
2446 Rice Street
Columbus, GA 31903 |
| 5. Mr. Waylon Sanders
6334 Luna Drive
Columbus, GA 31907 | 17. Mr. J. M. Youngblood
3905 Crestview Drive
Columbus, GA 31907 |
| 6. Mr. Herman Rainey
4699 Farley Drive
Columbus, GA 31907 | 18. Mrs. Thomas Brooks
4620 Gardiner Drive
Columbus, GA 31903 |
| 7. Mrs. Lucille Felton
1400 Shepard Drive
Columbus, GA 31906 | 19. Mr. M. H. Batie
3082 Plantation Road
Columbus, GA 31903 |
| 8. Mrs. Ruth Flowers
1215 21st Street
Columbus, GA 31901 | 20. Mr. Elmer Dunn
613 Talbotton Road
Columbus, GA 31904 |
| 9. Mrs. Oris Gorham
3913 16th Street
Columbus, GA 31904 | 21. Mr. Glenn Barron
5024 Trussell Avenue
Columbus, GA 31904 |
| 10. Mr. Joe Gibson
5 Magnolia Street
Columbus, GA 31904 | 22. Mr. Amos Brown
114-B Arrowhead Road
Fort Benning, GA 31905 |
| 11. Mr. Max Shiver
1800 Lakewood Drive
Phenix City, AL | 23. Mr. Jesse Barr
1410 Briarlock Road
Columbus, GA 31904 |
| 12. Mrs. Susie Smith
455-A Craig Drive
Fort Benning, GA 31905 | 24. Mr. Ray Wright
1549 Forestside Drive
Columbus, GA 31907 |
| | 25. Mrs. Mary Carter
1605 38th Street
Columbus, GA 31906 |

INSTRUCTOR GUIDE SHEET

Unit Title: Type reinstatement notices

Description: Student will type information provided for six clients on reinstatement notices. The forms should be folded for mailing in window envelopes.

Materials, Supplies, and/or Equipment

Included: Sample reinstatement form
Information for six clients

Needed but not Included: Typewriter
Correction materials
Window envelopes (6)
Additional forms (5)

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

REINSTATEMENT NOTICE

(Current Date) 19--

Mr. Jay Bitner
5711 Springhill Avenue
Columbus, GA 31904

Dear Mr. Bitner:

Please be advised that our cancellation notice dated
(Preceding Month) 15, 19-- is rescinded and that Policy
No. 36-3044 remains and continues in full force.

Yours very truly,

Fred Simmons, Agent
Simmons Insurance Agency

Other Addresses:

Miss Barbara Miller, 4256 Valley Road, Columbus, GA, Policy No.
29-2518.

Mr. Larry Shermon, 4725 Milgen Road, Columbus, GA, Policy No.
11-4637.

Mrs. Virginia Wise, 4A Lloyd Way, Ft. Benning, GA, Policy No.
62-1432.

Mr. Kenneth Hale, 4625 Illini Drive, Columbus, GA, Policy No.
96-4120.

Mr. Stephen Park, 2000 15th Avenue, Phenix City, AL, Policy No.
65-4128.

INSTRUCTOR GUIDE SHEET

Unit Title: Insurance Agent's Application Form

Description: Mr. Simmons has received an application from Mr. Jones who wishes to become an insurance agent with the firm. The student will be required to type the information supplied on the rough draft application to submit for processing.

Materials, Supplies, and/or Equipment

Included: Rough draft application
Application form

Needed but not Included: Typewriter
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 20 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

Name (Please Print) James Andrew Jones
 First Middle Last
 Present Home Address 2939 Tucker Street Columbus GA 31906
 Number Street City State Zip Code
 Previous Address 2102 Tucker Avenue Columbus GA 31907
 Number Street City State Zip Code

How long have you lived at present home address 2 years Previous 3 years

Telephone Number 322-2725

Place of Birth Columbus GA Muscogee Date of Birth 10-30-46
 City State County

Age 32 Height 6'1" Weight 155 Color of Eyes Brown

Color of Hair Black Male x Female

Are You A Citizen of the United States? Yes

Social Security Number 253-74-5000

Residence Last Five Years:

Date		Street	City	State
From	To			
1-77	2-79	2939 Tenth Street	Columbus	Georgia
12-74	1-77	2102 Tucker Avenue	Columbus	Georgia

Occupation Last Five Years:

Date		Employer	Address	Position
From	To			
1-77	Present	U. S. Army	Ft. Benning, GA	Captain

HAVE YOU EVER BEEN CONVICTED OF FELONY? Yes x No

If so, give complete information _____

Will you devote all or part of your efforts to the Insurance Business?

 All

 x Part.

If Part only,

(A) How much time do you expect to devote to such work? 25 %

(B) In what other business or businesses will you be engaged?

(If more space needed, attach supplement.)

<u>U. S. Army</u>	<u>Ft. Benning</u>	<u>Military</u>	<u>Captain</u>
(Employer)	(Address)	(Kind of Business)	(Position)
_____	_____	_____	_____
(Employer)	(Address)	(Kind of Business)	(Position)

Will You Maintain A Place Of Business In This State And Be Actively Engaged In The Business Of Insurance?

 Yes

 x No

The undersigned hereby agrees to act as Agent for the Company and to act in accordance to the authority and powers subject to the terms, conditions, and limitations as prescribed by the Company. At no time shall this agreement be construed to create the relation of employer and employee between the Company and the Agent. The Agent shall receive as compensation for his/her services those amounts and commissions as set forth in the Agent's Master Commission Schedule. The agent must comply with the insurance laws of the State in which he/she is acting as Agent for the Company. Any indebtedness of the Agent to the Company shall be a first lien against monies payable.

(Agent)

Date: July 23, 19--

INSTRUCTOR GUIDE SHEET

Unit Title: Type 3 x 5 cards and file folder labels

Description: The student will be required to type names of prospective clients on 3 x 5 cards, looking up Zip Codes where necessary. File folder labels will also be typed.

Materials, Supplies, and/or Equipment

Included: List of prospective clients

Needed but not Included: 3 x 5 cards or paper cut to size
File folder labels
Zip Code Directory
Correction materials
Typewriter

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour, 30 minutes

Accuracy: See Employer's Manual

Bartlett, Doris (Mrs.)

Mrs. Doris Bartlett
8233 Coweta Drive
Columbus, GA 31907

Burton, Samuel S.

Mr. Samuel S. Burton
472 Dower Avenue
Albany, GA 31705

Cox, Lois (Mrs.)

Mrs. Lois Cox
3916 Wells Drive
Columbus, GA 31906

Daton, Clyde Z.

Mr. Clyde Z. Daton
4238 Calhoun Drive
Columbus, GA 31903

Farnsworth, Rudolph L.

Mr. Rudolph L. Farnsworth
Box 43
Richland, GA 31825

Fishburn, Clay C.

Mr. Clay C. Fishburn
2214 13th Avenue
Columbus, GA 31901

Griffin, Gordy S.

Mr. Gordy S. Griffin
1642 Acker Drive
Albany, GA 31707

Howard, James T.

Mr. James T. Howard
3721 Springdale Drive
Columbus, GA 31906

Jones, Leola (Mrs.)

Mrs. Leola Jones
3749 Macon Road
Columbus, GA 31907

Lancaster, Preston C.

Mr. Preston C. Lancaster
6191 Dell Drive
Columbus, GA 31906

Lowe, Edward J.

Mr. Edward J. Lowe
5740 Steam Mill Road
Columbus, GA 31907

Marshall, Margaret (Mrs.)

Mrs. Margaret Marshall
Box 117
Cusseta, GA 31805

Paul, Elizabeth (Ms.)

Ms. Elizabeth Paul
742 Broadway
Columbus, GA 31901

Pease, Frank T.

Mr. Frank T. Pease
3972 Buena Vista Road
Columbus, GA 31907

Plumb, Michael O.

Mr. Michael O. Plumb
14 Gillespie Avenue
Albany, GA 31707

Sears, Anabelle (Mrs.)

Mrs. Anabelle Sears
2112 Owsley Avenue
Columbus, GA 31906

Smith, Spencer M.

Mr. Spencer M. Smith
4242 Seminole Lane
Albany, GA 31701

Taylor, Marcus I.

Mr. Marcus I. Taylor
40 Standing Boy Court
Columbus, GA 31904

Ward, Florence A. (Ms.)

Ms. Florence A. Ward
6829 Raswell Lane
Columbus, GA 31906

Wilson, Augustus Fabian

Mr. Augustus Fabian
4302 Olympic Lane
Columbus, GA 31907

Labels should be typed as follows:

Bartlett, Doris (Mrs.)
8233 Coweta Drive
Columbus, GA 31907

Lowe, Edward J.
5740 Steam Mill Road
Columbus, GA 31907

Burton, Samuel S.
472 Dower Avenue
Albany, GA 31705

Marshall, Margaret (Mrs.)
Box 117
Cusseta, GA 31805

Cox, Lois (Mrs.)
3916 Wells Drive
Columbus, GA 31906

Paul, Elizabeth (Ms.)
742 Broadway
Columbus, GA 31901

Daton, Clyde S.
4238 Calhoun Drive
Columbus, GA 31903

Pease, Frank T.
3972 Buena Vista Road
Columbus, GA 31907

Farnsworth, Rudolph L.
Box 43
Richland, GA 31825

Plumb, Michael O.
14 Gillespie Avenue
Albany, GA 31707

Fishburn, Clay C.
2214 13th Avenue
Columbus, GA 31901

Sears, Anabelle (Mrs.)
2112 Owsley Avenue
Columbus, GA 31906

Griffin, Gordy S.
1642 Acker Drive
Albany, GA 31707

Smith, Spencer M.
4242 Seminole Lane
Albany, GA 31701

Howard, James T.
3721 Springdale Drive
Columbus, GA 31906

Taylor, Marcus I.
40 Standing Boy Court
Columbus, GA 31904

Jones, Leola (Mrs.)
3749 Macon Road
Columbus, GA 31907

Ward, Florence A. (Ms.)
6829 Raswell Lane
Columbus, GA 31906

Lancaster, Preston C.
6191 Dell Drive
Columbus, GA 31906

Wilson, Augustus Fabian
4302 Olympic Lane
Columbus, GA 31907

INSTRUCTOR GUIDE SHEET

Unit Title: Type premium deduction authorization cards

Description: Student will be required to type name of insured, Social Security Number, name of employer and date on printed premium deduction authorization cards. Envelopes addressed to employer are also required.

Materials, Supplies, and/or Equipment

Included: Rough draft of required information
Printed forms

Needed but not Included: Typewriter
Correction materials
Envelopes (6)
Additional forms (3)

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 15 minutes

Accuracy: See Employer's Manual

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name: Cindy Lee S.S. No. 486-09-1238I hereby authorize my Employer: ABC Products, Inc.

City & State: Columbus, GA to deduct from my earnings such
amounts as may now or hereafter be payable by me under the insurance
plan purchased through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date: Current

Signature of Applicant: _____

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name: Stan Miller S.S. No. 860-41-9357I hereby authorize my Employer: Cornwell Bakeries

City & State: Columbus, GA to deduct from my earnings such
amounts as may now or hereafter be payable by me under the insurance
plan purchased through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date: Current

Signature of Applicant: _____

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name: Debi Rexford S.S. No. 212-23-9667I hereby authorize my Employer: Davis Carpet Mfg. Co.

City & State: Columbus, GA to deduct from my earnings such
amounts as may now or hereafter be payable by me under the insurance
plan purchased through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date: Current

Signature of Applicant: _____

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name Ronald Cutlip S.S. No. 264-39-2846I hereby authorize my Employer: Rex Tool Supply Co.

City & State: Atlanta, GA to deduct from my earnings such
amounts as may now or hereafter be payable by me under the insurance
plan authorized through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date: Current

Signature of Applicant: _____

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name: John Green S.S. No. 689-24-0096I hereby authorize my Employer: Harrington Motors

City & State: Columbus, GA to deduct from my earnings such
amounts as may now or hereafter be payable by me under the insurance
plan purchased through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date: Current

Signature of Applicant: _____

PREMIUM DEDUCTION AUTHORIZATION

Employee's Name: Marvin Humble S.S. No. 291-43-6211I hereby authorize my Employer: C. W. Sloan Company

City & State: Columbus, GA to deduct from my earnings such
amounts as may now or hereafter be payable by me under the insurance
plan purchased through

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

Date: Current

Signature of Applicant: _____

INSTRUCTOR GUIDE SHEET

Unit Title: Typing Check-o-Matic cards

Description: Mr. Baker, one of Mr. Simmons' clients, has decided to pay his premiums through the Check-o-Matic plan. The student will be required to prepare a Check-o-Matic payment card for his signature.

Materials, Supplies, and/or Equipment

Included: Rough draft of Check-o-Matic card
Check-o-Matic form

Needed but not Included: Typewriter
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 15 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

CHECK-O-MATIC PAYMENT PLAN

SIMMONS INSURANCE AGENCY is hereby requested and authorized to draw checks monthly to be charged against the checking account of:

Name of Bank Depositor Edward G. Baker

(Print Name exactly as shown on Bank Records)

With First National Bank

3276

(Name of Bank and Branch, if any)

(Transit No.)

Bank Address Columbus, Georgia

for the purpose of collecting premiums payable at the Check-O-Matic premium rate. I hereby agree that the depositing of such checks by SIMMONS INSURANCE AGENCY shall constitute due notice of premiums being due upon the policy. It is understood that the Check-O-Matic premium arrangement may be terminated by the policyowner or by the Company upon written notice.

I understand that if any such check be dishonored by my Bank and any monthly amount due SIMMONS INSURANCE AGENCY is not paid within the time stipulated in the policy, said policy shall become null and void except as otherwise provided therein.

Date July 15, 19--

Signature of
Premium Payer

(Sign name exactly as your
checks are signed)

Account Number, If Any 42-96-272

HOME OFFICE USE ONLY

Approved for Check-O-Matic Premium Arrangement - Acct. No. 42-96-272

DISTRICT

DEBIT

DATE

July 22, 19--

Policy No. 123-00-1785 Premium 22.60 Day Due 5th Total Premium 271.20

Policy No. _____ Premium _____ Day Due _____

Policy No. _____ Premium _____ Day Due _____

Policy No. _____ Premium _____ Day Due _____

Policy No. _____ Premium _____ Day Due _____

Date July 22, 19--

By _____

AUTHORIZATION TO HONOR CHECK

Drawn by and payable to SIMMONS INSURANCE AGENCY

Name of

Bank Depositor

Edward G. Baker

(Print Name as shown on Bank Records)

To: First National Bank

(Name of Bank and Branch, if any)

Bank

Address Columbus, Georgia

(City and State)

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn by and payable to the order of SIMMONS INSURANCE AGENCY. I agree that your rights in respect to each such check shall be the same as if it were drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing; and until you actually received such notice of revocation, I agree that you shall be fully protected in honoring any such check.

I further agree that if any such check be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

July 15, 19--

Date

(Bank Signature of Premium Payer)

INSTRUCTOR GUIDE SHEET

Unit Title: Customer Billing

Description: Student will be required to prepare statements for the insurance policies due on the third day of next month. The statements must be folded and put into window envelopes, all policies being dated for the third day of next month.

Materials, Supplies, and/or Equipment

Included: Statement forms
List of clients and information for statements

Needed but not Included: Window envelopes (20)
Typewriter
Correction materials
Additional forms (18)

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour, 30 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, Ga. 31904

POLICY DATE	POLICY NO.	COMPANY	TERM	KIND OF INSURANCE	AMOUNT	PREMIUM
(3rd of Next Month)	HN48762	Reliable	2	homeowners	\$15,000	\$200

TO Mrs. Flossie Carter
2101 Wynton Road
Columbus, GA 31904

DATE (Current) 19 --

One sample KEY is given here -
 * See next page for additional KEY information.

I-10-1

Information for other KEYS

- Gillis Qualls, 3817 Woodlawn Avenue, Columbus, Georgia 31905;
property damage; Safety Ins. Co.; Policy Number - FA86571;
term 1 year; amount \$18,000; premium \$91.50.
- Mr. B. J. Hill, 2174 Hilton Avenue, Columbus, Georgia 31904;
homeowners insurance; Protection Plus & Company; Policy Number -
AE65810; term 3 years; amount \$25,000; premium \$281.50.
- Mr. James Grant, 1139 Harness Drive, Columbus, Georgia 31904;
automobile liability; Safety Ins. Co.; Policy Number - CD84571;
term 1 year; amount \$35,000; premium \$122.17.
- Douglas Finlay, 5348 Hurst Drive, Columbus, Georgia 31902;
fire insurance; Reliable Ins. Co.; Policy Number - FC1328;
term 1 year; amount \$65,000; premium \$271.48.
- Mr. Reid Foster, 909 Ashland Avenue, Columbus, Georgia 31907;
homeowners insurance; Protection Plus & Company; Policy Number -
PI68951; term 3 years; amount \$10,000; premium \$173.
- Mrs. Aubrey Crowe, Howe Avenue, Columbus, Georgia 31901;
liability insurance; Protection Plus & Company; Policy Number -
FA85643; term 1 year; amount \$30,000; premium \$137.
- Mr. David Burks, 2752 Ramsey Road, Columbus, Georgia 31906;
fire insurance; Protection Plus & Company; Policy Number -
FE63770; term 2 years; amount \$15,000; premium \$75.
- Mr. Raymond Austin, 5328 Hilliard Avenue, Columbus, Georgia 31903;
homeowners insurance; Reliable Ins. Co.; Policy Number - LE5153;
term 3 years; amount \$5,000; premium \$45.25.
- Mrs. Lilla Barnes, 2446 Broadmoor Drive, Columbus, Georgia 31907;
burglary insurance; Safety Ins. Co.; Policy Number - AC32216;
term 1 year; amount \$40,000; premium \$40.50.
- Mr. Floyd Walters, 2904 Beacon Avenue, Columbus, Georgia 31904;
homeowners insurance; Reliable Ins. Co.; Policy Number - XC11115;
term 3 years; amount \$4,000; premium \$42.
- Mrs. Delia Vining, 837 Brighton Road, Columbus, Georgia 31906;
automobile insurance; Safety Ins. Co.; Policy Number - FI63220;
term 1 year; amount \$30,000; premium \$85.
- Mr. Clint Register, 4915 Armour Road, Columbus, Georgia 31904;
homeowners insurance; Protection Plus & Company; Policy Number -
JH16443; term 1 year; amount \$12,000; premium \$80.

- Ms. Lucille Pryor, 455 Harold Street, Columbus, Georgia 31903; homeowners insurance; Reliable Ins. Co.; Policy Number - LM19531; term 1 year; amount \$25,000; premium \$18.
- Mr. Carlos Owens, 7630 Gray Shoals Drive, Columbus, Georgia 31904; automobile insurance; Safety Ins. Co.; Policy Number - IA63021; term 1 year; amount \$40,000; premium \$65.
- Mr. Glenn Nowell, 6552 Mcon Circle, Columbus, Georgia 31904; homeowners insurance; Safety Ins. Co.; Policy Number - SA66231; term 3 years; amount \$10,000; premium \$50.
- Donald Jordan, 401 Brennan Road, Columbus, Georgia 31903; homeowners insurance; Protection Plus & Company; Policy Number - FC35772; term 2 years; amount \$15,000; premium \$115.50.
- Dr. Gerald Kelly, 3009 Cherokee Avenue, Columbus, Georgia 31906; homeowners insurance; Reliable Ins. Co.; Policy Number - TV61032; term 3 years; amount \$15,000; premium \$175.
- Mrs. Kate Landers, 544 Lawyers Lane, Columbus, Georgia 31906; automobile insurance; Safety Ins. Co.; Policy Number - XE61325; term 1 year; amount \$45,000; premium \$155.35.
- Mr. Manly Green, 901 Joy Road, Columbus, Georgia 31903; homeowners insurance; Reliable Ins. Co.; Policy Number - JK34512; term 3 years; amount \$10,000; premium \$85.

INSTRUCTOR GUIDE SHEET

Unit Title: Type dividend notices

Description: Student will be required to type names, addresses, policy number, dividend due date, current dividend, and total paid-up additional insurance on printed forms. Student will fold forms for window envelopes.

Materials, Supplies, and/or Equipment

Included: Rough draft of required information
Printed forms

Needed but not Included: ZIP Code Directory
Typewriter
Correction materials
Window envelopes (6)
Additional forms (5)

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 15 minutes

Accuracy: See Employer's Manual

INTERNATIONAL



INSURANCE CO.

Premium Notice

Policy No.	Insured	Dividend Due Date
38-42-1698	Kevin Biggins	June 1, 19--
Current Dividend	Total Paid-Up Additional Insurance	
\$25.62	\$105.38	

For Insurance Service, Contact your International Insurance Representative or your International Office.

Mr. Kevin Biggins
3120 Doyle
Columbus, GA 31907

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, GA 31904

IMPORTANT: Please keep this notice for your record.

INTERNATIONAL



INSURANCE CO.

Premium Notice

Policy No.	Insured	Dividend Due Date
24-35-0713	Teresa Brady	June 1, 19--
Current Dividend	Total Paid-Up Additional Insurance	
\$27.40	\$126.48	
For Insurance Service, Contact your International Insurance Representative or your International Office. Mrs. Teresa Brady 1459 Kevin Court Columbus, GA 31907 SIMMONS INSURANCE AGENCY 928 45th Street Columbus, GA 31904 IMPORTANT: Please keep this notice for your record.		

INTERNATIONAL



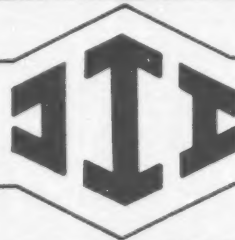
INSURANCE CO.

Premium Notice

Policy No.	Insured	Dividend Due Date
15-25-3500	Rodney Brown	June 1, 19--
Current Dividend	Total Paid-Up Additional Insurance	
\$48.96	\$219.22	
For Insurance Service, Contact your International Insurance Representative or your International Office. Mr. Rodney Brown 2307 Winchester Drive Columbus, GA 31904 SIMMONS INSURANCE AGENCY 928 45th Street Columbus, GA 31904 IMPORTANT: Please keep this notice for your record.		

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INTERNATIONAL



INSURANCE CO.

Premium Notice

Policy No.	Insured	Dividend Due Date
68-71-1463	Sharon Cooke	June 1, 19--
Current Dividend	Total Paid-Up Additional Insurance	
\$23.28	\$142.37	
For Insurance Service, Contact your International Insurance Representative or your International Office. Ms. Sharon Cooke Holland Road Columbus, GA 31904 SIMMONS INSURANCE AGENCY 928 45th Street Columbus, GA 31904 IMPORTANT: Please keep this notice for your record.		

INTERNATIONAL  INSURANCE CO.		
Premium Notice		
Policy No.	Insured	Dividend Due Date
29-04-0118	Lee Emory	June 1, 19--
Current Dividend	Total Paid-Up Additional Insurance	
\$52.71	\$271.04	
For Insurance Service, Contact your International Insurance Representative or your International Office. Mr. Lee Emory 1613 Dell Drive Columbus, GA 31906 SIMMONS INSURANCE AGENCY 928 45th Street Columbus, GA 31904 IMPORTANT: Please keep this notice for your record.		

INTERNATIONAL



INSURANCE CO.

Premium Notice

Policy No.	Insured	Dividend Due Date
41-27-8851	George McCarthy	June 1, 19--
Current Dividend	Total Paid-Up Additional Insurance	
\$46.50	\$301.62	
For Insurance Service, Contact your International Insurance Representative or your International Office. Mr. George McCarthy 536 Ewart Avenue Columbus, GA 31906 SIMMONS INSURANCE AGENCY 928 45th Street Columbus, GA 31904 IMPORTANT: Please keep this notice for your record.		

INSTRUCTOR GUIDE SHEET

Unit Title: Life insurance policy

Description: William Morris, a client of Mr. Simmons, wishes to obtain additional insurance coverage. The student will be required to prepare a typed copy of an attached completed life insurance application that is handwritten.

Materials, Supplies, and/or Equipment

Included: Rough draft application
Life insurance form

Needed but not Included: Typewriter
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour

Accuracy: See Employer's Manual

**APPLICATION FOR LIFE INSURANCE TO
SIMMONS INSURANCE AGENCY**

Part A

Life

Policy No. 2383Date of Policy 6-20-19--1. Full Name of Proposed Insured William Andrew MorrisSocial Security No. 252-96-4792 Maiden Name

2. Address (Information)

Residence 1204 Boxwood Blvd., Columbus Muscogee GA 31906
Street City County State Zip Code

Business
Street City County State Zip Code

Former
Residence
Street City County State Zip Code

How long at each address (above)?

Residence 19 yearsBusiness

Former
Residence

Send Notice to Address (Check Which Address)

Residence xBusiness

Former

Residence 3. Underwriting Class 4. Automatic Premium Loan? Yes5. Dividend Option 6. Endowment Option

7. Place of birth Georgia Citizen of USA

Sex M Age 19 Date of birth 10 2 62
Month Day Year

Plan	Amount	Mode				Method				Riders			
LPHA	\$10,000	A	SA	Q	M	PA	PD	SS		DI	WP	Pay or	Term
			x										

Premium Amount		
Life	\$10,000	Wp
Di		Pay
		Total Premium \$298.00

9. Beneficiary Margaret Morris Mother 4-3-1919
Full Name Relationship Date of Birth

Contingent William Jones Uncle 8-23-1916
Full Name Relationship Date of Birth

10.

Owner if other than Proposed Insured	Address	Zip Code	Social Security No.
William Andrew Morris	1204 Boxwood Blvd.	31906	252-96-4792
Contingent Margaret Morris	3035 Morehouse St.	31906	254-70-2000

11. Occupation Porter Duties Cleaning

Monthly Income \$200 Firm and Title Penny's

12. Does Proposed Insured Contemplate:

A-Foreign Travel Yes ___ No xB-Participation in skin diving, parachuting or racing Yes ___ No x

C-Flying other than as a passenger or has he flown other than as a

Passenger during past 3 years. Yes ___ No x

(If yes, complete aviation supplement)

13. Is the right to change Beneficiary reserved? Yes ___ No ___

14.

Family Record of Proposed Ins.		Age Living	Age Death	State of Health or Cause and Date of Death
Wife or Husband				
Father		66		Good
Mother		63		Good
Bros. & Sisters	No. Living	21		Good
	No. Dead			

Family Record of Proposed Ins.	Insurance Now Owned - Company	Amount Life	Amount Di	Amount Dis. Inc	Year of Issue
Wife or Husband					
Father	Interstate	10,000			
Mother	National	2,000			

Has Proposed Insured any application now pending? No

Kind - Company - Amount

Do you intend the replacement or change or any of your existing insurance policies in connection with this application for new insurance?

Yes ___ No x

15. Home Office Additions or Corrections:

Semiannual Fees \$152.00

For Non-Medical all Questions must be answered. If Annuity, or Examined omit Questions 16 to 22 inclusive.	MEDICAL REPORT Give full details for any ailments, dates, physicians names and addresses. Other companies, etc. Details Military Service.	Yes or No
16. Does Proposed - Insured now have or has he had: a. Tuberculosis, asthma, disease of lungs or respiratory system? _____	20-A Dr. James Johnson Doctor's Building Columbus, GA 31906	17. Is Proposed Insured in any way subject to Military Service? Give details _____
b. High or low blood pressure or disease of heart or circulatory system? _____		18. Does Proposed Insured used or has he ever used alcoholic beverages? _____
c. Disease or disorder of digestive system? (Stomach, Intestine, Liver, Gall Bladder.)		19. Does Proposed Insured use or has he ever used narcotics?
d. Paralysis, convulsions, epilepsy, disease or disorder of brain or nervous system? _____		20. Has Proposed Insured ever: a. Consulted or been treated by any physician or practitioner in past 5 years? Give name, address, details _____
e. Gravel, stone, colic, stricture prostate trouble, or any other genitourinary disorder?		b. Applied for or received any kind of disability compensation? _____
f. Rheumatism, arthritis, disease or disorder of muscle, bones, joints? _____		c. Been declined, postponed or limited for any life or other insurance or reinstatement thereof? _____
g. Rupture, syphilis, cancer diabetes, goiter, rectal disorder. _____		d. Been advised to have surgical operation or X-ray treatments, blood tests, X-ray, electrocardiographs, or basal metabolism? (If so, give full details) _____
h. Impaired sight or hearing?		
i. Any other disease, injury, operation or deformity? _____		

Cash Received with Application \$ 152.00 For S.A.

Premium \$289.00 Date June 19 19 --

First Agent _____ Code No. _____

Signature of Proposed
Insured or parent of Juvenile _____

Second Agent _____ Code No. _____

Signature of Owner
if other than Proposed Insured _____

Give official capacity if signed on behalf of a corporation

AGENT'S REPORT

1. How long have you known Proposed Insured? 2 years
Applicant (Father of Proposed Insured, if
child under 15?) _____
2. Does Proposed Insured's appearance indicate health and strong
constitution? Yes
3. Has Proposed Insured any obvious deformity, any impairment of sight,
speech or hearing? No
4. Did you personally see Proposed Insured and Applicant, if any, complete
and sign this Application? Yes
5. As agent for this Company, do you unreservedly recommend Proposed
Insured for standard insurance? Yes
Substandard? _____
6. What other Agent receives commission on this application? None
How much? _____
7. What approximately is Proposed Insured's (Father of Proposed Insured,
if child under age 15) net worth? \$20,000
Annual Income _____

8. If Proposed Insured is a child under age 15
- a.) Give full name and address of Father --
- b.) Amount of insurance on brothers and sisters under age 15 --
- c.) Amount of insurance on life of Father --
9. Business Insurance: Give full reasons for this insurance and nature of Applicant's insurable interest. (A Beneficiary who is to own policy must sign as Applicant)
10. Give five References:
- | | | | |
|------|----------------|---------|------------------------|
| Name | Janice Pitts | Address | 467 North Oakley Drive |
| Name | Rose Stephens | Address | 4 Mamala Way |
| Name | John Williams | Address | 1928 Plantation Road |
| Name | Charles Day | Address | 3011 Baldwin Street |
| Name | Phillip Peters | Address | 1190-B Brookhaven Road |

Non-Medical Limits:

Age			
0-14	12,000.00	36-40	7,500.00
15-30	25,000.00	41-45	2,000.00
31-35	15,000.00	55 and over - Medical	

Agency Director

Division Manager

AUTHORIZATION

To all licensed physicians, medical practitioners, hospitals, clinics or other medically related facilities, insurance companies, the Medical Information Bureau or other organizations, institutions or persons, that have any records or knowledge of me or my health, you are authorized to give the SIMMONS INSURANCE AGENCY any such information regarding my medical history, physical condition and diagnosis. A photostatic copy of this authorization shall be as valid as the original.

Date June 19 , 19 --

Witness

Signature of Proposed Insured or
Parent of Juvenile

RECEIPT

DO NOT DETACH UNLESS FULL FIRST PREMIUM IS PAID WITH APPLICATION
Do not detach unless full first premium is paid with application

Received from William Morris
the sum of One hundred fifty-two and no/100 . . (\$ 152.00), Dollars.

for the full premium specified in the application for insurance in the SIMMONS INSURANCE COMPANY which bears the same date and serial number as this receipt. The insurance under the policy for which application is made shall be effective on date of this receipt or the date of completion of the medical examination (if required) whichever is the later date if, in the opinion of the authorized Officers of the Company at its Home Office in _____, Georgia the Proposed Insured is insurable and acceptable for insurance under its rules and practices on the plan of insurance, for the amount of insurance, and at the premium rate set forth in the application, exclusive of any amendments in the space for "Home Office Additions or Corrections." However, if the Proposed Insured dies prior to the Company's actual issuance and delivery of the policy applied for, the total liability of the Company under this receipt and other insurance in force in this Company shall not exceed \$25,000.00.

If the Company declines to issue a policy or issues a policy other than the policy for which application is made, the Company shall incur no liability hereunder except to return by its check the above payment upon surrender of this receipt

This receipt shall be void if given for check or draft which is not honored on presentation.

. 19 Agent
If you do not receive your Policy or hear from the Company within 60 days, write us.

SEE NEXT PAGE FOR PRE-NOTICE

PRE-NOTICE

Information regarding your insurability will be treated as confidential. SIMMONS INSURANCE AGENCY may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. (Medical information will be disclosed only to your attending physician). If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts, 02112, telephone number (617) 426-3660.

SIMMONS INSURANCE AGENCY may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

INSTRUCTOR GUIDE SHEET

Unit Title: Type 3" x 5" index cards for tickler file

Description: Student will be required to type client's name, address, policy number, type of insurance, insurance company, and policy expiration date on 3" x 5" index cards. Student will then file cards chronologically in card file box by expiration date of policy.

Materials, Supplies, and/or Equipment

Included: Rough draft of names, addresses, policy numbers, insurance company, type of insurance, and expiration date

Needed but not Included: 3" x 5" index cards
Card file box
ZIP Code Directory
Typewriter
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

Expiration Date: January 18 Ms. Audrey Rainey 4901 Sentry Street Columbus, GA 31907 Type of Insurance: Homeowners Company: Federal Home Insurance Company Policy No. 50-64-96	Expiration Date: June 30 Mr. Roy Longwell 3615 Greer Avenue Columbus, GA 31904 Type of Insurance: Mortgage Company: Federal Home Insurance Company Policy No. 64-44-04
Expiration Date: February 17 Mr. Randy Vieau 4855 Gardiner Drive Columbus, GA 31906 Type of Insurance: Mortgage Company: Federal Home Insurance Company Policy No. 89-46-21	Expiration Date: August 16 Mr. Richard Stock 1431 Hagan Drive Columbus, GA 31907 Type of Insurance: 30-Yr. Term Company: International Insurance Company Policy No. 28-16-07
Expiration Date: March 26 Mr. Roland Wade 5120 Armour Road Columbus, GA 31904 Type of Insurance: Homeowners Company: Federal Home Insurance Company Policy No. 18-78-61	Expiration Date: September 7 Mr. Larry Pope 1339 21st Street Columbus, GA 31901 Type of Insurance: 20-Yr. Term Company: International Insurance Company Policy No. 10-12-12
Expiration Date: April 14 Miss Helena Cato 2959 Ramsey Road Columbus, GA 31903 Type of Insurance: High Risk Company: AAUS Insurance Company Policy No. 25-16-37	Expiration Date: October 31 Mr. Chris Skaggs 3334 Hilton Woods Drive Columbus, GA 31906 Type of Insurance: Automobile Company: MSL Insurance Company Policy No. 33-11-06
Expiration Date: June 12 Ms. Gayle Rushing 2624 Sue Mack Drive Columbus, GA 31906 Type of Insurance: Automobile Company: MSL Insurance Company Policy No. 26-31-42	Expiration Date: December 23 Mrs. Janice Morris 759 Crockett Drive Columbus, GA 31904 Type of Insurance: Homeowners Company: Federal Home Insurance Company Policy No. 09-35-51

INSTRUCTOR GUIDE SHEET

Unit Title: Type unarranged letters

Description: The student will be required to type letters to certain clients. The letters are presently in rough draft form and will have to be corrected and arranged in an attractive style. Envelopes will have to be typed for each client. Addresses of these people are included in the list of names that was typed in Task I-4.

Materials, Supplies, and/or Equipment

Included: Rough drafts of letters
Letterhead

Needed but not Included: Typewriter
Correction materials
Envelopes

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour, 30 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. Waylon Sanders
6334 Luna Drive
Columbus, GA 31907

Dear Mr. Sanders:

You have an important decision to make...

You have just about reached your goal of obtaining a post-graduate education. Now, other responsibilities for the future demand your attention. For one... what should you do about life insurance? Even though you may have a policy or two right now, certain important financial decisions need to be made now to lay the groundwork for your financial success and security.

Most financially successful people utilize some form of permanent life insurance as the basic foundation of their overall financial portfolio. At this time in your life, your plan should be one specifically designed for your present financial situation. Simmons Insurance Agency's Graduate Plans offer a number of important features that you need to explore now. After all, when you decide to begin or add to your personal program, you should at least be aware of these outstanding policies and what they can do for your financial future.

Enclosed is a prepaid postcard. Simply check which one of the quality gifts you would like to receive. Naturally, there is no obligation on your part. But I know that as you begin to plan your future, you will want to take a look at this "Future Plan."

Sincerely,

Fred Simmons

xx

Enclosure

EMPLOYER'S MANUAL

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SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. Joe Gibson
Five Magnolia Street
Columbus, GA 31904

Dear Mr. Gibson:

Is building an insurance estate a wild and far-fetched idea for you at this point in your life? It shouldn't be. It should be a reality. Buying life insurance while you're still in college makes good sense. It makes good business sense, and it makes good personal sense. That's why we have developed a special plan--College Program--for college seniors.

It's the best selling college life insurance plan in America. More college seniors like yourself have participated in the College Program plan than any other--over 300,000, in fact. Remember a couple of key factors; life insurance costs more as you grow older; and life insurance can be the sound basis of your overall financial portfolio. You might be interested in the fact that the average age of our policyholder is 26; the average age of our Field Representative is 28.

We'd like to present you an outline of our College Program together with a gift of your choice as shown on the enclosed card. Send us the enclosed postcard. There's no obligation whatsoever on your part.

Sincerely yours,

Fred Simmons

xx

Enclosure

I-14-3

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. David Conrad
602 49th Street
Columbus, GA 31906

Dear Mr. Conrad:

Are you getting any TAX BREAKS for saving money? - Probably not!

The new pension legislation signed into law on Labor Day, 1974, created the guidelines under which you can make TAX DEDUCTIBLE contributions toward your own retirement. Before this law was passed, millions of Americans had been unable to participate in their own Tax-favored Retirement plan. Now the new provisions provide these benefits:

1. Any employee, or employer, or a self-employed individual not currently participating in a tax-sheltered retirement plan, may establish his or her own plan and contribute the lesser of 15% or \$1,500 of compensation.
2. An employee may set up his or her own plan even when the employer does not wish to participate.
3. An employer may set up a personal plan without contributing for other employees, although he or she may do so on a selective basis.
4. No tax is paid on the money placed into the plan until it is withdrawn at retirement.

If you are interested in decreasing your taxable income and increasing the amount of money you will have available at retirement, please complete the enclosed postage-paid return card.

Sincerely,

Fred Simmons

xx

Enclosure

EMPLOYER'S MANUAL

KEY TO STUDENT PACKET II

INSTRUCTOR GUIDE SHEET

Unit Title: Calling the post office for information and typing label for package

Description: Student will call the post office to get charges to mail a four-pound package of books. Student will type a mailing label for package.

Materials, Supplies, and/or Equipment

Included: Mailing label

Needed but not Included: Telephone
Telephone directory
Typewriter
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 10 minutes

Accuracy: See Employer's Manual

(\$2.00)

FROM SIMMONS INSURANCE AGENCY

928 45th Street

Columbus, GA 31904

TO The Consumer Group

148 Main Street

Akron, OH 44308

Postage for a four-pound box of books costs \$2.00 to send to Akron, Ohio (by fourth-class mail) as of August 1, 1979. This rate may have changed considerably since then, so use the current rate if it can be obtained from the Post Office.

INSTRUCTOR GUIDE SHEET

Unit Title: Type accident reports from handwritten copy

Description: Student will type accident reports from handwritten copy. These reports are to be prepared for signature of persons involved. One carbon copy will be made.

Materials, Supplies, and/or Equipment

Included: Handwritten accident reports
Blank copy of accident report (1)

Needed but not Included: Carbon paper
Correction materials
Typewriter
Additional accident report forms

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour

Accuracy: See Employer's Manual

REPORT OF ACCIDENT AND CLAIM

For Office Use Only

Claim No.

Date of Accident 12th day of last mo. 19-- (A.M.) Time 6:02 P.M. Dark ☒ Light ☐

Place of Accident 13th St. & 4th Avenue Columbus GA
 Street City State

YOUR CAR Year '76 Make Vega Body Style 2-door Lic. No. GA TRC-001

Owned By Henry Able Address 1220 Wheeling Way Columbus, GA
 Street City State

Driven By Henry Able Address 1220 Wheeling Way Columbus, GA
 Street City State

Was Driver on Any If Yes,
 Driver's Age 32 Mission for Owner of Car? Yes ☒ No ☐ Explain Going to work

Kind of Insurance Carried-Liab. ☒ Med. Pay ☐ Comp. ☐ Coll. Amount of Deductible \$50

Policy No. 219063-A2 Name of Insurance Co. Simmons Name of Ins. Agency Fred Simmons
 Agent

Has Accident Been Reported to Your Company ☒ Yes ☐ No Where May Car Be Seen? Bill Heard

Has Any Part of Your Damage Been Paid By Your Company ☐ Yes ☒ No Amount

NAMES AND ADDRESSES OF PASSENGERS IN YOUR CAR AND APPROXIMATE AGES

Names	Addresses	Ages
Street	City	State
Street	City	State
Street	City	State

OTHER CAR Make Corvette '78 Body Style 2-door Lic. No. GA WICKED

Owned By Joseph & Bradley Address 810 Broadway Columbus GA
 Street City State

Driven By -Same- Address
 Street City State

EMPLOYER'S MANUAL

100

THE ACCIDENT Were Police There? ☒ Yes ☐ No From What Station? Downtown

Officer's Badge No. 019-A (Name, If Known) Garret

Names and Addresses of All Other Witnesses:

Names	Addresses
<u>Marion Reed</u>	<u>2905 Cussets Road Columbus, GA</u>
_____	_____

Was Anyone Injured in Your Car? ☒ Yes ☐ No If So, Who? _____

Was Anyone Injured in Other Car? ☒ Yes ☐ No If So, Who? _____

Describe Injuries N/A

Name of Attending Dr N/A Address _____

Street Name & Direction You Were Traveling 13th St., traveling East Speed 0

Street Name & Direction Other Car Traveling -Same- Speed 0

What Traffic Control Was There? Red Light

What Were Weather Conditions? Fair Condition of Pavement Dry

What Attracted Your Attention to Other Car? N/A

How Far from Intersection Were You? At traffic crossing Other Car? behind me

Was Speed of Your Car Reduced? ☒ Increased? ☐ Other Car Reduced? ☒ Increased? ☐

Did You See Other Car Prior to Impact? ☒ Yes ☐ No Did You Sound Horn? ☐ Yes ☒ No
Did Other Car? ☐ Yes ☐ No

What Signal Did You Give? _____ Other Car? _____

Any Skid Marks Made by Your Car? ☐ Yes ☒ No Length _____ Other Car? ☐ Yes ☒ No
Length _____

What Part of Your Car Was Damaged? rear end

Estimated Cost of Repairs \$ 200 Who Made the Estimate? Bill Heard

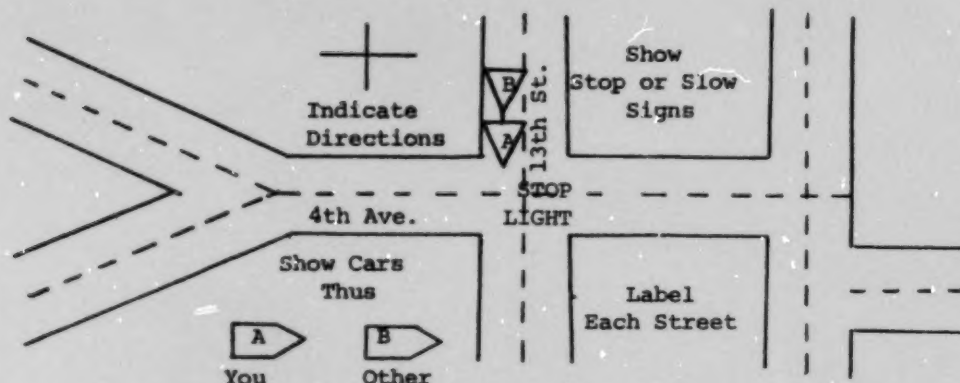
Have Repairs Been Made? ☐ Yes ☒ No What Part of Other Car Damaged? front end
Was Place of Accident _____

Were All Your Lights On? ☒ Yes ☐ No Other Car? ☒ Yes ☐ No Well Lighted? ☐ Yes ☐ No

What Statements Were Made by You or Other Party about Accident After It Occurred? -None-

PLEASE COMPLETE DIAGRAM

Illustrate position of cars at time of collision. Show skid marks.



State Briefly How Accident Happened Car in rear must have thought light
turned green before it had. I was sitting there waiting for it to change.
As I looked in my rear view mirror the car was in the process of hitting my
tail end.

Are You Making Claim for Damages on Account of the Accident? ☒ Yes ☐ No
 If Yes, Against Whom? Jos. Bradley In What Amount? \$200

I Hereby Declare That The Facts Stated In This Report Are True.

Signed _____ Date November 12 19 --

Address 1220 Wheeling Way Columbus GA
 Street City State

Residence Telephone 324-7693 Business Telephone 568-9442

Occupation Doctor

Witness' Signature _____

Address 2905 Cusseta Road

REPORT OF ACCIDENT AND CLAIM

For Office Use Only

Claim No.

Date of Accident 25th of last mo. 19-- Time 2:20 (P.M.) A.M. Dark Light x

Place of Accident Corner of Moon Rd. & Warm Springs Rd. Columbus GA
 Street City State

YOUR CAR Year '68 Make Fireb'd Body Style 2-door Lic. No. GET-321

Owned By Roger Williams Address 5346 Moon Road Columbus GA
 Street City State

Driven By Lisa Williams Address -Same-
 Street City State

Was Driver on Any Mission for Owner of Car? Yes No x Explain
 Driver's Age 28

Kind of Insurance Carried-Liab. Med. Pay Comp. x Coll. Amount of Deductible -0-

Policy No. 061-338 Name of Insurance Co. Simmons Name of Agent Edgar Simmons
 Ins. Agency

Has Accident Been Reported to Your Company x Yes No Where May Car Be Seen? home

Has Any Part of Your Damage Been Paid By Your Company x Yes No Amount \$300

NAMES AND ADDRESSES OF PASSENGERS IN YOUR CAR AND APPROXIMATE AGES

Names	Addresses	Ages
<u>Amber Williams</u>	<u>5346 Moon Road</u> <u>Columbus</u> <u>GA</u>	<u>9 mos.</u>
	Street City State	
	Street City State	
	Street City State	

OTHER CAR Make Mercedes Body Style 4-door Lic. No. LLC-993

Owned By Mrs. James R. Good Address 6721 Moon Road Columbus GA
 Street City State

Driven By -Same- Address
 Street City State

THE ACCIDENT Were Police There? x Yes No From What Station? Downtown

Officer's Badge No. _____ (Name, If Known) Schofield

Names and Addresses of All Other Witnesses:

Names

Addresses

Martha James 923 49th Avenue, City

Kelly Rider 1157 10th Street, Albany, GA

Was Anyone Injured in Your Car? x Yes No If So, Who? self

Was Anyone Injured in Other Car? Yes x No If So, Who? _____

Describe Injuries stiff neck--cut on forehead

Name of Attending Dr Blake Address Doctor's Building

Street Name & Direction You Were Traveling Moon Rd., turning West Speed 5 mph

Street Name & Direction Other Car Traveling Warm Springs Rd.- NW Speed 25 mph

What Traffic Control Was There? -none-

What Were Weather Conditions? fair Condition of Pavement dry

What Attracted Your Attention to Other Car? I was looking in that direction.

How Far from Intersection Were You? just pulling out Other Car? _____

Was Speed of Your Car Reduced? x Increased? _____ Other Car Reduced? _____
Increased? _____

Did You See Other Car Prior to Impact? x Yes No Did You Sound Horn? Yes x No
Did Other Car? Yes No

What Signal Did You Give? Right turn signal Other Car? -none-

Any Skid Marks Made by Your Car? Yes x No Length * Other Car? Yes x No
Length _____

What Part of Your Car Was Damaged? Left front end

Estimated Cost of Repairs \$ 300 Who Made the Estimate? Bill Heard
Left

Have Repairs Been Made? x Yes No What Part of Other Car Damaged? front end

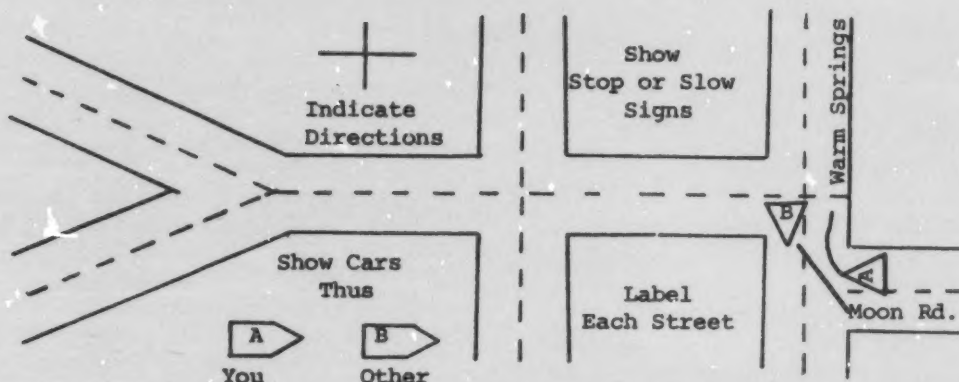
Was Place of Accident

Were All Your Lights On? Yes x No Other Car? Yes x No Well Lighted? x Yes No

What Statements Were Made by You or Other Party about Accident After It
Occurred? It was the other person's fault.

PLEASE COMPLETE DIAGRAM

Illustrate position of cars at time of collision. Show skid marks.



State Briefly How Accident Happened (A) I was turning on to Warm Springs Road from Moon Road. The Mercedes was going to turn left, but didn't have her signal on. (B) She turned too soon and hit me.

Are You Making Claim for Damages on Account of the Accident? ☒ Yes ☐ No

If Yes, Against Whom? _____ In What Amount? \$300

I Hereby Declare That The Facts Stated In This Report Are True.

Signed _____ Date October 3 19 --

Address 5346 Moon Road Columbus GA
Street City State

Residence Telephone 563-4085 Business Telephone 322-2522

Occupation Desk Clerk

Witness' Signature _____

Address _____

INSTRUCTOR GUIDE SHEET

Unit Title: Typing a letter and addressing an envelope

Description: Mr. Thomas has requested termination of his life insurance policy. The student will be required to type the attached letter from Mr. Simmons in reply to his request.

Materials, Supplies, and/or Equipment

Included: Rough draft of letter
Letterhead

Needed but not Included: Envelope
Correction materials
Typewriter

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 20 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. John Thomas
3955 Woodford Drive
Columbus, GA 31907

Dear Mr. Thomas:

RE: Policy No. 27-20-70

Enclosed is your life policy with cancellation of the automatic premium loan provision. This simply means that on the non-payment of the next premium due date the policy will be placed on extended Term Insurance for \$12,500.

I think that you will find everything in order; however, if there are any questions, feel free to call me.

Sincerely,

Edgar Simmons

XX

Enclosure: Policy

INSTRUCTOR GUIDE SHEET

Unit Title: Type and duplicate form letter--Mortgage Insurance Plan

Description: Student will type a stencil, ditto master, or use the memory typewriter to duplicate form letter to send to six clients. Envelopes should be addressed for letters.

Materials, Supplies, and/or Equipment

Included: Sample form letter

Needed but not Included: Typewriter (Memory)
Stencil or ditto master
Correction materials
Envelopes (6)

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour

Accuracy: See Employer's Manual

II-4-1

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

(Current Date)

Mrs. Pearl Trawick
2714 10th Street
Columbus, GA 31906

Dear Mrs. Trawick:

Would you mind giving me your date of birth below so that I may furnish you information about our Mortgage Insurance Plan. This plan can make it possible for you to leave your home free and clear to your family if you die.

This protection has helped many homeowners save their homes from foreclosure. You may find our plans most beneficial in protecting your family's future. For more information about this plan, please return in the enclosed envelope.

Sincerely,

Fred Simmons, Agent

NAME _____ TELEPHONE _____
OCCUPATION _____
DATE OF BIRTH: Month _____ Day _____ Year _____
AMOUNT OF MORTGAGE _____ YEARS REMAINING _____

I would like to have information on the items checked below:

- ☐ The plan described in this letter
- ☐ Individual Retirement Account
- ☐ Retirement at age 55, 60, or 65
- ☐ The Keogh Act in which self-employed people can save for retirement and deduct the contribution as a business expense
- ☐ Insurance on spouse
- ☐ Group insurance
- ☐ Educational plan for children
- ☐ Estate planning
- ☐ Homeowners insurance
- ☐ Automobile insurance

Other clients to receive form letter:

1. Mrs. Mary Payne
5916 Bush Avenue
Columbus, GA 31907
2. Mr. Frank Morrow
3912 Reese Road
Columbus, GA 31907
3. Miss Peggy Dyer
4800 Connor Road
Columbus, GA 31903
4. Mr. Mike Winkler
32 Wichham Drive
Columbus, GA 31907
5. Mr. Richard Zak
4568 Moline Avenue
Columbus, GA 31903

INSTRUCTOR GUIDE SHEET

Unit Title: Yearly Rate Chart

Description: Mr. Simmons would like to present a rate chart to the Thomas family for their consideration. The student will be required to prepare a copy of the attached chart.

Materials, Supplies, and/or Equipment

Included: Rough draft of chart

Needed but not Included: Correction materials
Typing paper
Typewriter

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour, 30 minutes

Accuracy: See Employer's Manual

THOMAS FAMILY

100,000 YRT 70

50,000 YRT 70

MALE AGE 32FEMALE AGE 30

<u>Premium</u>	<u>Dividend</u>	<u>Net Premium</u>		<u>Premium</u>	<u>Dividend</u>	<u>Net Premium</u>	
204.00	-0-	294.00		135.00	-0-	133.50	
301.00	25.00	276.00		147.00	11.00	136.50	
310.00	32.00	278.00		150.00	15.00	135.50	
321.00	40.00	281.00		153.00	19.00	134.00	
335.00	57.00	278.00		156.50	27.50	129.00	
352.00	62.00	281.00		161.00	30.00	131.00	
373.00	70.00	278.00		166.50	32.50	134.00	
398.00	87.00	290.00		173.50	35.50	138.00	
427.00	102.00	325.00		182.00	40.00	142.00	
459.00	119.00	340.00	2,636.00	192.50	49.50	143.00	1,356.50
494.00	133.00	361.00		205.00	55.00	150.00	
530.00	145.00	385.00		219.50	62.00	157.50	
571.00	157.00	414.00		235.50	68.50	167.00	
615.00	169.00	446.00		253.00	74.50	178.50	
666.00	183.00	483.00		271.00	80.50	190.50	
720.00	196.00	524.00		291.50	86.50	205.00	
782.00	217.00	565.00		313.50	93.50	220.00	
850.00	237.00	613.00		339.00	100.00	239.00	
924.00	257.00	667.00		336.00	110.50	255.00	
1,007.00	281.00	726.00	7,820.00	397.00	120.50	276.50	3,396.00
Waiver of Premium: \$18.00 Annually				Waiver of Premium: \$10.50 Annually			
Check-O-Matic 26.00 w/W.P.				Check-O-Matic: \$12.89 w/W.P.			

INSTRUCTOR GUIDE SHEET

Unit Title: Type a purchase order for supplies

Description: The student will refer to a local office supply catalog for current prices and type a purchase order for office supplies. The student will compute extensions, total, and discount, if applicable.

Materials, Supplies, and/or Equipment

Included: Purchase order form
List of supplies to be ordered

Needed but not Included: Typewriter
Correction materials
Office supply catalog
Calculator

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

PURCHASE ORDER

928 45th Street

ORDER NO. 428

Columbus, GA 31904

DATE Current

Malone Office Equipment Co.

TO 1345 13th Avenue

TERMS

Columbus, GA 31901

F.O.B.

SHIP VIA

DATE REQUIRED

QUANTITY	CAT. NO.	DESCRIPTION	UNIT PRICE	TOTAL
1 ctn.		Paper clips	\$3.50	\$ 3.50
3 box		Staples	1.50	4.50
1 doz.		Scotch tape	.74	8.88
1 doz.		Legal pads, canary	7.50	7.50
4 btls.		Liquid paper, white	1.00	4.00
1 doz.		Adding machine tape, 3" wide	.64	7.68
				\$36.06
		Less 10% discount		3.61
				\$32.45

INSTRUCTOR GUIDE SHEET

Unit Title: Type rough draft of letter

Description: Student will proofread and correct the rough draft of a letter. Punctuation, paragraphs, and format should be considered.

Materials, Supplies, and/or Equipment

Included: Rough draft of letter
Letterhead

Needed but not Included: Reference manual
Typewriter
Correction materials
Envelope

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

May 29, 19--

Mr. John F. Daye
6348 Old Post Court
Columbus, GA 31904

Dear Mr. Daye:

SUBJECT: Policy No. 632-17-4580
Personal Articles Floater

The policy has been renewed; however, there are some items left off due to additional information and underwriting requirements.

A new appraisal will be needed for the diamond ring, and the name of the pattern of Gorham Sterling is also required. For your benefit, we also recommend an appraisal or current price list for the silverware, in order to keep your silver insured for current value. Also needed are serial numbers for the Cannon Auto Zoom 518 and Bell & Howell Super 8 Projector.

Sincerely,

Fred Simmons, Agent

XX

INSTRUCTOR GUIDE SHEET

Unit Title: Type form letters

Description: The Simmons Insurance Agency has received the four enclosed Change of Address notices. The student will be required to type the correct form letter to these customers, address envelopes and get the letters in the mail today.

Materials, Supplies, and/or Equipment

Included: Form letter
Change of Address cards
Letterhead

Needed but not Included: Typewriter
Envelopes
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

May 29, 19--

Mr. Thomas L. Folmar
2825 Beacon Avenue
Columbus, GA 31904

Dear Mr. Folmar:

RE: Policy No. 1103645223

We are in receipt of your card regarding the change of address and a change of bank draft information on the above policy.

We are enclosing a pre-authorized bank draft card for you to complete and return, so that we may change our files accordingly. We sent the card to the bank which you have listed in your letter for the draft to be drawn which is the National Bank and Trust Company, Columbus, Georgia.

Your prompt attention to this matter would be greatly appreciated, so that the information may be applied before the next draft is due.

Sincerely,

Martha Kelly
Policyholder Service

MK: xx

Enclosure

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

May 29, 19--

Mr. Bobby Outlaw
3 Cayenne Court
Columbus, GA 31904

Dear Mr. Outlaw:

RE: Policy No. 1245301112

We are in receipt of your card regarding the change of address and a change of bank draft information on the above policy.

We are enclosing a pre-authorized bank draft card for you to complete and return, so that we may change our files accordingly. We sent the card to the bank which you have listed in your letter for the draft to be drawn which is the National Bank and Trust Company, Columbus, Georgia.

Your prompt attention to this matter would be greatly appreciated, so that the information may be applied before the next draft is due.

Sincerely,

Martha Kelly
Policyholder Service

MK:xx

Enclosure

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

May 29, 19--

Mr. William E. Speed
3829 Austin Drive
Columbus, GA 31904

Dear Mr. Speed:

RE: Policy No. 1083256170

We are in receipt of your card regarding the change of address and a change of bank draft information on the above policy.

We are enclosing a pre-authorized bank draft card for you to complete and return, so that we may change our files accordingly. We sent the card to the bank which you have listed in your letter for the draft to be drawn which is the National Bank and Trust Company, Columbus, Georgia.

Your prompt attention to this matter would be greatly appreciated, so that the information may be applied before the next draft is due.

Sincerely,

Martha Kelly
Policyholder Service

MK:xx

Enclosure

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

May 29, 19--

Mr. W. R. Yancey
1509 Emerson Avenue
Columbus, GA 31907

Dear Mr. Yancey:

RE: Policy No. 1064573213

We are in receipt of your card regarding the change of address and change of bank draft information on the above policy.

We are enclosing a pre-authorized bank draft card for you to complete and return, so that we may change our files accordingly. We sent the card to the bank which you have listed in your letter for the draft to be drawn which is the National Bank and Trust Company, Columbus, Georgia.

Your prompt attention to this matter would be greatly appreciated, so that the information may be applied before the next draft is due.

Sincerely,

Martha Kelly
Policyholder Service

MK:xx

Enclosure

INSTRUCTOR GUIDE SHEET

Unit Title: Type rough draft of letter

Description: Student will type letter to insurance client from rough draft. Envelope for letter should be typed.

Materials, Supplies, and/or Equipment

Included: Rough draft of letter
Letterhead

Needed but not Included: Typewriter
Correction materials
Envelope

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 15 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

May 28, 19--

Mr. R. F. McDermott
6100 Hamilton Road
Columbus, GA 31904

Dear Mr. McDermott:

RE: Policy No. 26-49-234

Do we have your correct vehicle location? A major factor in establishing your premium is vehicle location. We need the exact street, city, state and ZIP Code where your vehicle is principally located.

If your vehicle is not located at 6100 Hamilton Road, Columbus, Georgia, please notify us immediately.

Your prompt attention to this matter will ensure that the correct premium will be charged on your renewal policy.

Sincerely,

Fred Simmons, Agent

xx

INSTRUCTOR GUIDE SHEET

Unit Title: Type letters and memorandum from handwritten copy.
Type envelopes.

Description: The student will be required to type three letters and one memorandum from handwritten copy. Use company letterhead, current date, attractive letter style, and reference initials. Make original and one carbon copy and address envelopes.

Materials, Supplies, and/or Equipment

Included: Handwritten copies of letters and memorandum
Letterhead

Needed but not Included: Carbon paper
Copy paper
Envelopes
Correction materials
ZIP Code directory
Typewriter

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. Beman R. McGratha, C.L.U.
368 Franklin Road
White Plains, NY 10602

Dear Mr. McGratha:

Your trip to Columbus is only two weeks away. Our committee is extremely pleased that you are going to be our speaker at the banquet for the Georgia Association of Independent Insurance Agents (two weeks from today).

The reservations for you and Mrs. McGratha have been made at the Airport Holiday Inn on the Manchester Expressway. I will meet you at the airport to take you there. We have arranged for a car for your use while you stay in Columbus. Perhaps you and your wife will have an opportunity to visit some of the points of interest in the Chattahoochee Valley while you are here.

If I do not hear from you again, I will see you next at the Columbus Airport.

Sincerely,

Fred Simmons, Agent

xx

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. Rudolph L. Farnsworth
Box 43
Richland, GA 31825

Dear Mr. Farnsworth:

Thank you for agreeing to see me on (one week from today). This letter confirms our appointment for 2:00 p.m.

You have made a wise decision to consider protection for you and your partner in case of death or injury to either party. So many times this kind of decision is delayed because we don't like to think of the unpleasant happening. However, the wise businessperson prepares for the future by planning for as many emergencies as possible.

You will receive by mail some information that you might wish to share with your partner, Mr. Avery. I look forward to seeing both of you.

Sincerely,

Fred Simmons, Agent

xx

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

Dr. Braxton Nail, Superintendent
Muscogee County School District
1200 Bradley Drive
Columbus, GA 31901

Dear Mr. Nail:

Congratulations on your selection as Superintendent of the Muscogee County School District and welcome to Columbus! I know that you are a very busy man since you arrived to take over your new duties.

Would you please let me know who will be the contact in the School District to handle insurance matters. I represent a company that has an excellent group liability policy that I am sure would interest your teachers.

I hope that we will have an opportunity to meet personally when things settle down for you.

Sincerely,

Fred Simmons, Agent

xx

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

M E M O R A N D U M

DATE: Current

TO: Katherine Crosby

FROM: Edgar Simmons

SUBJECT: Vacation Trip

Dad thinks I should spend two weeks working with you instead of one before you go on your trip. Since that means coming next week, would you please change my reservations at the Downtowner Motel. Be sure to remind them that I will be spending the weekends at home, so I will need the room only Monday through Thursday night each week.

I am looking forward to working with you.

xx

INSTRUCTOR GUIDE SHEET

Unit Title: Type rough draft of letter

Description: Student will proofread and correct the rough draft of a letter. Punctuation, paragraphs, and format should be considered.

Materials, Supplies, and/or Equipment

Included: Rough draft of letter
Letterhead

Needed but not Included: Reference manual
Typewriter
Correction materials
Envelopes

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

INTERNATIONAL



INSURANCE CO.

Gordy Building

Columbus, Ga. 31901

Phone: (404) 555-2369

May 29, 19--

Mr. Marcus I. Taylor
40 Standing Boy Court
Columbus, GA 31904

Dear Mr. Taylor:

Customers have found buying life insurance by mail or phone convenient. The Simmons Insurance Agency has made it even easier by installing a WATS toll-free phone system (800-555-2344). Life insurance by mail or phone? Does it work? Over \$3.2 billion of life insurance in force tells you it does. Last year alone, we issued more than 12,300 new policies providing over \$725 million of life insurance protection.

Look at what other insurance companies have to offer. Then ask one of our insured why they selected us. We're sure you, too, will want to look to the leader--International. Call or write for more specific information.

Sincerely,

Fred Simmons, Agent

XX

INSTRUCTOR GUIDE SHEET

Unit Title: Duplicating form letter by stencil method

Description: Student will arrange and type letter on stencil and will run copies and save stencil.

Materials, Supplies, and/or Equipment

Included: Rough draft of letter
Letterhead

Needed but not Included: Stencil
Stencil correction materials
Folder for saving stencil
or clean newspapers
Typewriter
Stencil duplicating machine

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 45 minutes (if student is
already familiar with operation of duplicating machine)

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Georgia
31904

Claim Number:
Insured:
Amount Received:
Balance Due:

We are in receipt of your recent payment, which has been credited to your account. The remaining balance is as shown.

Enclosed is a stamped, self-addressed envelope for you to use in making the next payment, which is due not later than _____. Be sure to show the above claim number on any correspondence or payment.

Very sincerely yours,

Enclosure: Self-addressed envelope

INSTRUCTOR GUIDE SHEET

Unit Title: Insurance Analysis

Description: Mr. Simmons is to speak with Mr. Smith about his present insurance coverage on his son and what we propose for him for comparable premium payment. The student will be required to type a copy of the attached insurance analysis--present and proposed--for Mr. Simmons to take with him when he speaks to Mr. Smith on Friday evening.

Materials, Supplies, and/or Equipment

Included: Rough draft of insurance analysis

Needed but not Included: Correction materials
Typewriter
Typing paper

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 40 minutes

Accuracy: See Employer's Manual

I N S U R A N C E A N A L Y S I S

CLIENT: John Smith, Jr.

P R E S E N T P R O G R A M

TODAY (Age 13)

NET INSURANCE AT RISK	19,303
CASH/DIVIDEND VALUES	533
DEATH BENEFIT	19,856

AT AGE 65

NET INSURANCE AT RISK	10,858
CASH/DIVIDEND VALUES	41,401
DEATH BENEFIT	52,259
PRESENT CASH OUTLAY	670

I N S U R A N C E A N A L Y S I S

AGENT: Edgar Simmons

P R O P O S E D P R O G R A M

TODAY (Age 13)

PROPOSED INSURANCE	19,095
SAVINGS	1,144
DEATH BENEFIT	20,239

AT AGE 65

PROPOSED INSURANCE	9,338
SAVINGS	405,848
DEATH BENEFIT	415,186
PROPOSED CASH OUTLAY	670

INSTRUCTOR GUIDE SHEET

Unit Title: Alphabetize and type a table and set up a tickler file

Description: The student will be required to alphabetize and type a copy of the attached list of new clients for the current month. Also, 3" x 5" index cards will have to be typed for the tickler file. The cards are to be filed chronologically by expiration date.

Materials, Supplies, and/or Equipment

Included: Rough draft of information sheet

Needed but not Included: 3" x 5" index cards
Correction materials
Typewriter
Typing paper

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour, 40 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

New Client Roster
Columbus, GAMonth of _____
Year _____

<u>Name</u>	<u>Address</u>	<u>ZIP</u>	<u>Type of Insurance</u>	<u>Policy #</u>	<u>Expiration Date</u>
Brooks, Phillip T.	1204 Boxwood Boulevard	31906	Life	62-74-30	March 15
Davis, Tyrone	609 Pierce Drive	31907	Life	73-96-50	June 12
Edmondson, Theresa	2940 Urban Avenue	31907	Hospitalization	44-82-30	October 12
Edwards, Cynthia	4961 Bonnybrook Court	31907	Auto	88-82-01	January 13
Feggins, Joyce E.	4739 Farley Drive	31907	Hospitalization	51-78-50	January 14
Foster, Susan Joan	3035 Moorehouse Street	31906	Hospitalization	14-36-87	April 20
Harris, Juanita Marie	1127 16th Avenue	31901	Auto	25-13-07	May 5
Haskins, Thomas	3040 Baldwin Street	31906	Auto	32-11-87	December 20
Jackson, Kathleen	2511 14th Avenue	31907	Life	68-23-30	January 14
Jones, Claudine	5600 Hunter Road	31907	Auto	72-91-15	March 10
Jones, Nathaniel	2102 Tucker Avenue	31907	Hospitalization	20-82-71	June 13
Jordon, Petty	5621 Monmouth Drive	31907	Life	47-46-21	July 15
Luttrell, Gwendolyn	4030 Curry Street	31907	Life	98-25-31	April 5
Obelton, Lois	4514 Illini Drive	31907	Life	53-21-05	July 29
Petterson, Louise	2939 Tenth Street	31906	Life	16-61-35	August 11
Smith, Mary Joyce	467 N. Oakley Drive	31906	Life	24-32-71	December 13
Smith, Jerome	2207 Tucker Avenue	31907	Hospitalization	89-21-56	September 8
Taylor, John	#4 Mamala Court	31906	Auto	12-32-80	October 13
Thompson, Joyce	3219 Carver Street	31906	Auto	77-73-08	November 13
Trewell, Victoria	3912 Mosley Drive	31903	Hospitalization	78-21-36	February 2

Expiration Date: January 13

Mrs. Cynthia Edwards
4961 Bonnybrook Court
Columbus, GA 31907

Type of Insurance: Auto

Policy No. 88-82-01

Expiration Date: January 14

Ms. Joyce E. Figgins
4739 Farley Drive
Columbus, GA 31907

Type of Insurance: Hospitalization

Policy No. 51-78-50

Expiration Date: January 14

Ms. Kathleen Jackson
2511 14th Avenue
Columbus, GA 31907

Type of Insurance: Life

Policy No. 68-29-30

Expiration Date: February 2

Ms. Victoria Trewell
3912 Mosley Drive
Columbus, GA 31903

Type of Insurance: Hospitalization

Policy No. 78-21-36

Expiration Date: March 10

Mrs. Claudine Jones
5600 Hunter Road
Columbus, GA 31907

Type of Insurance: Auto

Policy No. 72-91-15

Expiration Date: March 15

Mr. Phillip T. Brooks
1204 Boxwood Boulevard
Columbus, GA 31906

Type of Insurance: Life

Policy No. 62-74-30

Expiration Date: April 5

Mrs. Gwendolyn Luttrell
4030 Curry Street
Columbus, GA 31907

Type of Insurance: Life

Policy No. 98-25-31

Expiration Date: April 20

Ms. Susan Joan Foster
3035 Moorehouse Street
Columbus, GA 31906

Type of Insurance: Hospitalization

Policy No. 14-36-87

Expiration Date: May 5

Ms. Juanita Marie Harris
1127 16th Avenue
Columbus, GA 31901

Type of Insurance: Auto

Policy No. 25-13-07

Expiration Date: July 29

Ms. Lois Obelton
4514 Illini Drive
Columbus, GA 31907

Type of Insurance: Life

Policy No. 53-21-05

Expiration Date: June 12

Mr. Tyrone Davis
609 Pierce Drive
Columbus, GA 31907

Type of Insurance: Life

Policy No. 73-96-50

Expiration Date: August 11

Ms. Louise Petterson
2939 Tenth Street
Columbus, GA 31906

Type of Insurance: Life

Policy No. 16-61-35

Expiration Date: June 13

Mr. Nathaniel Jones
2102 Tucker Avenue
Columbus, GA 31907

Type of Insurance: Hospitalization

Policy No. 20-82-71

Expiration Date: September 8

Mr. Jerome Smith
2207 Tucker Avenue
Columbus, GA 31907

Type of Insurance: Hospitalization

Policy No. 89-21-56

Expiration Date: July 15

Ms. Peggy Jordon
5621 Monmouth Drive
Columbus, GA 31907

Type of Insurance: Life

Policy No. 47-46-21

Expiration Date: October 12

Ms. Theresa Edmondson
2940 Urban Avenue
Columbus, GA 31907

Type of Insurance: Hospitalization

Policy No. 44-82-30

Expiration Date: October 13

Mr. John Taylor
 #4 Mamala Court
 Columbus, GA 31906

Type of Insurance: Auto

Policy No. 12-32-80

Expiration Date: November 13

Ms. Joyce Thompson
 3219 Carver Street
 Columbus, GA 31906

Type of Insurance: Auto

Policy No. 77-73-08

Expiration Date: December 13

Ms. Mary Joyce Smith
 467 N. Oakley Drive
 Columbus, GA 31906

Type of Insurance: Life

Policy No. 24-32-71

Expiration Date: December 20

Mr. Thomas Haskins
 3040 Baldwin Street
 Columbus, GA 31906

Type of Insurance: Auto

Policy No. 32-11-87

INSTRUCTOR GUIDE SHEET

Unit Title: Type a Premium Rate Chart

Description: Mr. Simmons needs a copy of the attached rate chart. The student will be required to prepare a RUSH copy and leave it on his desk by 2:00 this afternoon.

Materials, Supplies, and/or Equipment

Included: Rough draft chart

Needed but not Included: Typewriter
Correction materials
Typing paper

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

PREMIUM RATES
ANNUITY PROTECTOR

<u>UNIT</u>	<u>ANNUAL</u>	<u>SEMI- ANNUAL</u>	<u>QUARTERLY</u>	<u>MONTHLY</u>	<u>MONTHLY PAC-PDC</u>
\$1200 Unit	\$1200.00	\$624.00	\$318.00	\$108.00	\$101.00
\$ 900 Unit	\$ 900.00	\$468.00	\$238.50	\$ 81.00	\$ 75.75
\$ 600 Unit	\$ 600.00	\$312.00	\$159.00	\$ 54.00	\$ 50.50
\$ 300 Unit	\$ 300.00	\$156.00	\$ 79.50	\$ 27.00	\$ 25.25
\$ 150 Unit	\$ 150.00	\$ 78.00	\$ 39.75	\$ 13.50	\$ 12.63
D. I. Ultimate per thousand \$ 1.50		\$.78	\$.40	\$.14	\$.13

KEY TO STUDENT PACKET III

INSTRUCTOR GUIDE SHEET

Unit Title: Verify invoices and type checks for payment

Description: The student will be required to verify six invoices for payment, figure any discounts that apply, and write checks making carbon copies. A check protector will be used, if available.

Materials, Supplies, and/or Equipment

Included: Invoices
Check

Needed but not Included: Carbon paper
Calculator
Typewriter
Check protector (if available)

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour

Accuracy: See Employer's Manual

1-67
210

NO. _____

DATE (Current) 19--

PAY \$64 and 24 cents

DOLLARS \$ 64.24

TO
THE
ORDER
OF

✓ COLUMBUS OFFICE EQUIPMENT COMPANY
5510 Beallwood Connector
Columbus, GA 31904

L

:0210::0067:242::0::024180:

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	GROSS AMOUNT	DEDUCTIONS	NET AMOUNT	
-/31/-	For Invoice #6784	\$65.55	\$1.31	\$64.24	

1-67
210

NO. _____

DATE (Current) 19--

PAY \$10 and 52 cents

DOLLARS \$ 10.52

TO
THE ORDER OF ☒ COLUMBUS WATER DEPARTMENT
P. O. Box 1600
Columbus, GA 31902

:0210::0067:242::0::024180:

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	GROSS AMOUNT	DEDUCTIONS	NET AMOUNT	
-/--/	Monthly service			\$10.52	

1-67
210

NO. _____

DATE (Current) 19__

PAY \$25 and 00 cents

DOLLARS \$ 25.00

TO
THE
ORDER
OFCOLUMBUS JANITORIAL COMPANY
1400 2nd Avenue
Columbus, GA 31901

:0210::0057:242::0::024180:

DETACH AND RETAIN THIS STATEMENT

THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	GROSS AMOUNT	DEDUCTIONS	NET AMOUNT	
-/31/-	5 hrs. janitorial ser.			\$25.00	

1-67
210

NO. _____

DATE (Current) 19 --

PAY \$12 and 50 cents

DOLLARS \$12.50

TO
THE
ORDER
OFACME EXTERMINATOR, INC.
3917 St. Mary's Road
Columbus, GA 31907

:0210::0067:242::0::024180:

DETACH AND RETAIN THIS STATEMENT

THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	GROSS AMOUNT	DEDUCTIONS	NET AMOUNT	
-/31/-	Exterminating Service			\$12.50	

1-67
210

NO. _____

DATE (Current) 19--

PAY \$196 and 56 cents

DOLLARS \$ 196.56

TO
THE
ORDER
OF

[CLEAN CARPET INC.
 1750 Buena Vista Road
 Columbus, GA 31906
 L

:0210::0067:242::0::024180:

DETACH AND RETAIN THIS STATEMENT

THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
 IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	GROSS AMOUNT	DEDUCTIONS	NET AMOUNT	
-/31/-	Carpet cleaned	\$135.00			
-/31/-	Carpet treated with Scotchguard	54.00			
	4% tax	7.56		\$196.56	

1-67
210

NO. _____

DATE (Current) 19 --

PAY \$24 and 80 cents

DOLLARS \$24.80

TO
THE
ORDER
OFGEORGIA TELEPHONE COMPANY
1152 13th Street
Columbus, GA 31901

:0210::0067:242::0::024180:

DETACH AND RETAIN THIS STATEMENT

THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	GROSS AMOUNT	DEDUCTIONS	NET AMOUNT	
-/--/-	Monthly service			\$24.80	

INSTRUCTOR GUIDE SHEET

Unit Title: Type birthday letters

Description: Student will type an original birthday letter for four clients. An envelope should also be typed for each letter. Only one copy of the birthday letter is needed for the file. A list of each client who received the letter should be attached to the file copy.

Materials, Supplies, and/or Equipment

Included: Sample birthday letter
List of four clients with addresses and date of birth

Needed but not Included: Typewriter (Memory)
Correction materials
ZIP Code directory
Envelopes

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

(Current Date)

Miss Dorothy E. Stevens
110 Dawn Court
Columbus, GA 31907

Dear Dorothy:

HAPPY BIRTHDAY!

All of us at Simmons Insurance Agency wish you well on this special day. We value your friendship not only as a client but also as a friend.

Please call on us at any time that we may help you with your insurance needs.

Sincerely,

Fred Simmons

Other Addresses:

Mr. William (Bill) Shoemaker
2018 Wellborne Drive
Columbus, GA

Mr. John Farmer
5945 Sherborne Drive
Columbus, GA

Mrs. Carolyn Manning
4017 Merrywood Drive
Columbus, GA

INSTRUCTOR GUIDE SHEET

Unit Title: Prepare a stencil; fill in form letter; and address envelopes

Description: Some customers need to renew their insurance policies. The student will be required to prepare a stencil for the attached letter, run 10 copies and file one for each of the attached names with the information provided. The face value of each customer's policy and the payments due for a three-month period is listed. An envelope needs to be addressed for each.

Materials, Supplies, and/or Equipment

Included: Rough draft of form letter
Letterhead

Needed but not Included: Envelopes
Correction materials
Stencil
Mimeograph machine
Typewriter

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour, 30 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

404-322-1425

(Current Date)

Dear

This is just a reminder that the insurance policy on your furniture in the amount of _____ will expire on Friday, (current date). The cost of renewal of this policy for a three-year period is _____.

If you wish to renew this policy, please call me at the above number and tell me that your check will be in the mail soon.

Sincerely,

Edgar Simmons, Agent

III-3-2

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904
404-322-1425

(Current Date)

Mr. Richard Watson
2630 Hodges Road
Columbus, GA 31906

Dear Mr. Watson:

This is just a reminder that the insurance policy on your furniture in the amount of \$10,000 will expire on Friday, (current date). The cost of renewal of this policy for a three-year period is \$150.00.

If you wish to renew this policy, please call me at the above number and tell me that your check will be in the mail soon.

Sincerely,

Edgar Simmons, Agent

*See next page for additional addresses for form letters.

	<u>Face Value</u>	<u>Cost or Renewal for 3 Years</u>
Mrs. Mary Powell 999 Howe Avenue Macon, GA 32601	\$15,000	\$175
Mr. James A. Poole 660 Ephie Way Columbus, GA 31906	\$10,000	\$150
Mr. Lewis Hommer 6102 Pitts Lane Columbus, GA 31906	\$20,000	\$250
Mr. James Jaroe 1601 Evans Street Columbus, GA 31902	\$10,000	\$150
Mr. Edward Lawrence 3102 Winsfield Place Columbus, GA 31904	\$10,000	\$150
Mr. William Layfield 2201 Fox Drive Phenix City, AL 36032	\$10,000	\$150
Mr. Daniel Lanzenby 1102 Mimosa Avenue Albany, GA 31806	\$10,000	\$150
Mr. Joseph Martin 913 Wedron Drive Columbus, GA 31907	\$15,000	\$175
Mr. Donald Jones 4416 Illini Drive Columbus, GA 31907	\$15,000	\$175

INSTRUCTOR GUIDE SHEET

Unit Title: Design a Change of Information Card

Description: Mr. Simmons has decided it is time to revise our Change of Information card. The student will be required to type a new card for his approval. This information should be typed to fit on a 3" x 5" index card.

Materials, Supplies, and/or Equipment

Included: Rough draft of sample card

Needed but not Included: 3" x 5" index card
Correction materials
Typewriter

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 20 minutes

Accuracy: See Employer's Manual

(PLEASE PRINT)

I HAVE	Policy No. _____
Changed my address _____	
Changed banks _____	Insured* Name _____
Changed my telephone _____	

COMMENTS _____

PLEASE FILL IN YOUR NAME, ADDRESS AND TELEPHONE NO.

Name _____	Tel. No. _____
Address _____	Zip _____
City _____	State _____

INSTRUCTOR GUIDE SHEET

Unit Title: Replenish Petty Cash

Description: Student will record petty cash vouchers in Petty Cash Book. Student will record entry to replenish petty cash in Cash Payments Journal. Student will write check to replenish petty cash. Student will open Petty Cash Book when check has been written.

Materials, Supplies, and/or Equipment

Included: Petty Cash Vouchers
Petty Cash Book
Cash Payments Journal
Voucher Card

Needed but not Included: Typewriter
Calculator
Pen
Ruler
Check Protector (OPTIONAL)

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

CASH PAYMENTS JOURNAL

PAGE 82

DATE	CK. NO.	ACCOUNT DEBITED	POST. REF.	SUNDY ACCOUNTS DR.	ACCOUNTS PAYABLE DR.	PURCHASES DISCOUNT CR.	CASH CR.
1	19 25	X1 Advertising Expense		26 60			
2		Maintenance Expense		28 50			
3		Miscellaneous Expense		8 10			
4		Office Supplies		8 17			71 37
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

1-67
210

NO. _____

DATE (Month) 25, 19 --

PAY Seventy-one and 37/100----- DOLLARS \$ 71.37TO
THE
ORDER
OF

PETTY CASH

:0210:::0067:242:::0:::024180:

DETACH AND RETAIN THIS STATEMENT

THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	GROSS AMOUNT	DEDUCTIONS	NET AMOUNT	
-/25/-	Replenish Petty Cash			\$71.37	

PETTY CASH BOOK

Page 15

PETTY CASH FUND		DATE	EXPLANATION	VOI NO.	DISTRIBUTION OF PAYMENTS			
RECEIVED	PAID OUT				ADVERT. EX.	AUTO EXP.	MISC. EXP.	OFF. SUPP.
75 00			1 Brought forward					
	3 17		3 typewriter ribbon	80				3 17
	4 50		5 car wash / wax	81			4 50	
	2 85		10 postage	82	2 85			
	1 25		10 cellophane tape	83				1 25
	3 60		12 coffee	84			3 60	
	3 75		15 rubber stamp	85				3 75
	18 00		18 car decals	86	18 00			
	25 00		15 cut news/trim	87		25 00		
	3 50		21 Ford Lite	88		3 50		
	5 75		25 classified ad	89	5 75			
75 00	71 37		Totals		26 60	28 50	8 10	2 17
	3 63		25 Cash on Hand					
75 00	76 00							
3 63			25 Cash on Hand					
71 37			25 Replenish Fund					

INSTRUCTOR GUIDE SHEET

Unit Title: Tabulation--Life Insurance Programs

Description: Simmons Insurance Agency has prepared two life insurance programs for Mr. Taylor's selection. The student will be required to type a copy of the attached programs on 8½ x 11" paper for Mr. Simmons to present to Mr. Taylor next Tuesday.

Materials, Supplies, and/or Equipment

Included: Rough draft of insurance programs

Needed but not Included: Correction materials
Typing paper
Typewriter

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 50 minutes

Accuracy: See Employer's Manual

LIFE INSURANCE

III-6-1

Program I

Husband - 70,000
 Wife - 40,000
 Children - 3,000

Total Outlay - 93.65 monthly
 Insurance - 43.34/Savings - 50.31

<u>Year</u>	<u>Insurance</u>	<u>Savings @ 8%</u>	<u>Total Death Benefit</u>
Now	70,000	604.00	70,604.00
5	70,000	2,920.00	72,920.00
10	65,157	8,092.00	73,249.00
15	41,827	15,691.00	57,517.00
20	25,843	26,857.00	52,700.00
age 65	8,108	86,970.00	95,078.00

Program II

Husband - 50,000
 Wife - 40,000
 Children - 3,000

Total Outlay - 75.01 monthly
 Insurance - 36.30/Savings - 38.71

<u>Year</u>	<u>Insurance</u>	<u>Savings @ 8%</u>	<u>Total Death Benefit</u>
Now	50,000	465.00	50,465.00
5	50,000	2,263.00	52,263.00
10	50,000	6,271.00	56,271.00
15	34,218	12,161.00	46,379.00
20	21,144	20,814.00	41,958.00
age 65	6,634	67,402.00	74,036.00

INSTRUCTOR GUIDE SHEET

Unit Title: Type follow-up letter with enclosure

Description: Student will type form letter from rough draft and will make carbon copies. An envelope will also be addressed.

Materials, Supplies, and/or Equipment

Included: Rough draft of letter
Addresses, dates, and amounts
Letterhead

Needed but not Included: Typewriter
Correction materials
Envelopes
Carbon sets

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

(Current Date)

(Name of Insured)
(Street Address)
(City, ST ZIP)

Salutation:

Enclosed is a computer printout of information concerning the whole life policy that we discussed on (date). The policy has an initial amount of (\$xx,xxx) and an ultimate amount of (\$xx,xxx).

I look forward to seeing you again on (date). The policy will be ready for your signature at that time.

Sincerely,

Fred Simmons
Insurance Agent

initials

Enclosure

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

(Current Date)

Mrs. Barbara Cornell
1606 S. Lumpkin Road
Columbus, GA 31901

Dear Mrs. Cornell:

Enclosed is a computer printout of information concerning the whole life policy that we discussed on Monday, _____. The policy has an initial amount of \$50,000 and an ultimate amount of \$34,750.

I look forward to seeing you again on Monday, _____. The policy will be ready for your signature at that time.

Sincerely,

Fred Simmons
Insurance Agent

XX

Enclosure

*See next page for listing of other clients and addresses.

Additional clients and addresses

<u>Insured</u>	<u>Initial Visit</u>	<u>Initial Amount</u>	<u>Ultimate Amount</u>
Ms. Linda Kilian 3943 Evergreen Columbus, GA 31903	Last Tuesday	\$35,000	\$24,325
Miss Donna Edwards 1106 Winston Road Columbus, GA 31903	Last Wednesday	\$25,000	\$17,375
Miss Marilyn Baker 2309 Fields Avenue Columbus, GA 31903	Last Thursday	\$15,000	\$10,425

INSTRUCTOR GUIDE SHEET

Unit Title: Type list of names, addresses, and phone numbers of local hospitals. Compose letter to accompany list.

Description: Student will locate names, addresses, and phone numbers of hospitals in the telephone directory, type list, and compose and type letter to accompany list. Type carbon copy and envelope.

Materials, Supplies, and/or Equipment

Included: Rough draft of instructions
Letterhead

Needed but not Included: Telephone directory--Yellow Pages
ZIP Code directory
Typewriter
Correction materials
Envelope
Carbon paper

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

Format may vary

Bradley Center, Inc.
Psychiatric Hospital
2000 16th Avenue
Columbus, GA 31904
Telephone: (404) 324-4882

Cobb Memorial Hospital
1707 21st Avenue
Phenix City, AL 36867
Telephone: (205) 298-7811

Doctors Hospital
706 Center Street
Columbus, GA 31901
Telephone: (404) 571-4262

Martin Army Hospital
Fort Benning, GA 31905
Telephone: (404) 544-1123

Medical Center Hospital
710 Center Street
Columbus, GA 31901
Telephone: (404) 324-4711
Business Office: (404) 324-7151

Peachford Hospital
Alcohol, Drugs, and Psychiatric
2151 Peachford Road
Dunwoody, GA 30338
Telephone: (404) 455-3200

St. Francis Hospital
2122 Manchester Road
Columbus, GA 31904
Telephone: (404) 322-8281

Southland Hospital
251 Cox
Mobile, AL 36604
Telephone: (205) 432-8811

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. Rodney Brown
Claims Department
AAUS Insurance Company
2200 Lancaster Avenue
Dallas, TX 75216

Dear Mr. Brown:

Enclosed are the names, addresses, and telephone numbers of hospitals in the Columbus, Georgia, area that you requested in our telephone conversation of Friday, _____.

I hope that this list meets your needs. If additional information is required, please feel free to contact me.

Sincerely,

Edgar Simmons

xx

Enclosure

INSTRUCTOR GUIDE SHEET

Unit Title: Prepare and duplicate a stencil of a Weekly Premium Chart

Description: One of Mr. Simmons' Senior Citizen Client clients misplaced her copy of the Weekly Premium Chart. The supply of this chart is low. The student will be required to prepare a stencil of the attached chart to replenish the stock. Five copies should be left on Mr. Simmons' desk by next Wednesday, the day he is scheduled to return to Mrs. Haggard's home.

Materials, Supplies, and/or Equipment

Included: Rough draft of letter

Needed but not Included: Mimeograph paper
Mimeograph machine
Stencil
Typewriter
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 40 minutes

Accuracy: See Employer's Manual

SENIOR CITIZENS POLICY
 Graded Benefit Whole Life
 1966 C.S.I. 3½%

WEEKLY PREMIUMS
 Ultimate Death Benefit

<u>Age Next Birthday</u>	<u>\$500</u>	<u>\$1,000</u>	<u>\$1,500</u>
61	\$1.24	\$2.43	\$3.62
62	1.30	2.55	3.80
63	1.36	2.67	3.98
64	1.42	2.79	4.16
65	1.49	2.93	4.37
66	1.56	3.07	4.58
67	1.63	3.21	4.79
68	1.71	3.37	5.03
69	1.79	3.53	5.27
70	1.88	3.71	5.54
71	1.97	3.89	5.81
72	2.07	4.09	6.11
73	2.17	4.29	6.41
74	2.28	4.51	6.74
75	2.39	4.73	7.07

INSTRUCTOR GUIDE SHEET

Unit Title: Type form letters

Description: The attached checklist form came as a response to the Simmons Insurance Agency having mailed them to customers several days ago. The student will need to set up appointments by use of a short form letter to the ones who have responded and indicated a need for further assistance. Mr. Simmons can handle one morning, two afternoon, and three evening appointments per day. Use the short form letter provided. Keeping in mind the time checked by the client "as the best time to call", schedule appointments over the next three weeks as each of the clients are typed an original of the form letter.

Materials, Supplies, and/or Equipment

Included: Checklist from clients
Form letter

Needed but not Included: Typewriter (Memory)
Envelopes
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 2 hours, 30 minutes

Accuracy: See Employer's Manual

III-10-1

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. David Conrad
602 49th Street
Columbus, GA 31906

Dear Mr. Conrad:

Thank you for completing the checklist which we sent to you a few days ago. I would like to schedule an appointment with you on _____ at _____., to give you the information which you indicated on the form. Please let me know if this day and time is convenient for you.

Sincerely,

Fred Simmons
Insurance Agent

*See next page for additional names and addresses

Additional names and addresses

Mr. Fred Daughtry
74 Oakley Court
Columbus, GA 31906

Mrs. Susie Smith
4-5-A Craig Drive
Fort Benning, GA 31905

Mrs. Luther Ray
928 Vineville Street
Columbus, GA 31904

Mr. Herman Rainey
4699 Farley Drive
Columbus, GA 31907

Mrs. Mattie Spear
Pinehill Drive
Phenix City, AL

Mr. George Vickery
4022 Pamela Street
Columbus, GA 31904

Mrs. Myra Ward
3329 Wallace Drive
Columbus, GA 31906

Mr. Elmer Dunn
613 Talbotton Road
Columbus, GA 31904

Mr. Ray Wright
1549 Forestside Drive
Columbus, GA 31907

Mrs. Lucille Felton
1400 Shepard Drive
Columbus, GA 31906

Mrs. Mary Carter
1605 38th Street
Columbus, GA 31906

Mr. J. M. Youngblood
3905 Crestview Drive
Columbus, GA 31904

Mr. Glenn Barron
5024 Trussell Avenue
Columbus, GA 31904

Mr. Max Shiver
1800 Lakewood Drive
Phenix City, AL

Mr. Waylon Sanders
6334 Luna Drive
Columbus, GA 31907

Mr. Jesse Barr
1410 Briarlock Road
Columbus, GA 31904

Mrs. Georgia Williams
2446 Rice Street
Columbus, GA 31903

Mr. Joe Gibson
5 Magnolia Street
Columbus, GA 31904

Mrs. Ruth Flowers
1215 21st Street
Columbus, GA 31901

KEY TO STUDENT PACKET IV

INSTRUCTOR GUIDE SHEET

Unit Title: Prepare a stencil, fill in a form letter, and address an envelope

Description: While Mr. Simmons was talking to one of his clients about mortgage insurance, his client gave him the name of his cousin who recently purchased a home and had expressed an interest in obtaining coverage on his home. (Student may use the stencil, ditto master, or memory storage of this form letter prepared for II-4). Simmons Insurance Agency is low on that particular form letter. The student should be required to prepare a stencil, duplicate a supply of copies, and fill in and mail one for the this name: Mr. Joseph Beecher, 3219 Carver Street, Columbus, GA 31906.

Materials, Supplies, and/or Equipment

Included: Letterhead
Rough draft of form letter

Needed but not Included: Envelope
Correction materials
Stencil
Mimeograph machine
Mimeograph paper
Typewriter

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

(Current Date)

Would you mind giving me your date of birth below so that I may furnish you information about our Mortgage Insurance Plan. This plan can make it possible for you to leave your home free and clear to your family if you die.

This protection has helped many homeowners save their home from foreclosure. You may find our plans most beneficial in protecting your family's future. For more information about this plan, please return this letter in the enclosed envelope.

Sincerely,

Fred Simmons
Simmons Insurance Agency

Name _____ Telephone _____

Occupation _____

Date of Birth: Month _____ Day _____ Year _____

Amount of Mortgage _____ Years Remaining _____

I would like to have information on the items checked below:

- ☐ The plan described in this letter
- ☐ Family policy
- ☐ Retirement at age 55, 60, or 65
- ☐ The Keogh Act in which self-employed people can save for retirement and deduct the contribution as a business expense
- ☐ Insurance on spouse
- ☐ Group or Keyman Insurance
- ☐ Educational plan for children
- ☐ Estate planning

SIMMONS INSURANCE AGENCY

928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. Joseph Beecher
3219 Carver Street
Columbus, GA 31906

Dear Mr. Beecher:

Would you mind giving your date of birth below so that I may furnish you information about our Mortgage Insurance Plan. This plan can make it possible for you to leave your home free and clear to your family if you die.

This protection has helped many homeowners save their homes from foreclosure. You may find our plans most beneficial to protecting your family's future. For more information about this plan, please return this letter in the enclosed envelope.

Sincerely,

Fred Simmons
Simmons Insurance Agency

Name _____ Telephone _____

Occupation _____

Date of Birth: Month _____ Day _____ Year _____

Amount of Mortgage _____ Years Remaining _____

I would like to have information on the items checked below:

- ☐ () The plan described in this letter
- ☐ () Family policy
- ☐ () Retirement at age 55, 60, or 65
- ☐ () The Keogh Act in which self-employed people can save for retirement and deduct the contribution as a business expense
- ☐ () Insurance on spouse
- ☐ () Group or Keyman Insurance
- ☐ () Educational plan for children
- ☐ () Estate planning

INSTRUCTOR GUIDE SHEET

Unit Title: Prepare itinerary with accompanying letters of reservation

Description: Student will prepare itinerary from employer's notes. Letters of reservation will also be composed and typed. Hotel/Motel Redbook may be used.

Materials, Supplies, and/or Equipment

Included: Letterhead stationery
Notes from employer
Notes from employer's secretary

Needed but not Included: Carbon paper
Correction materials
Typewriter
Hotel/Motel Redbook (if not available, instructor may furnish information from key)

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 2 hours, 30 minutes

Accuracy: See Employer's Manual

ITINERARY

Fred Simmons

Trip to Western Mutual Offices
Denver, Colorado

Tuesday, (appropriate date)

4:00 p.m. EST	<u>Depart Columbus</u> , Delta Airlines, Flight 766.
4:37 p.m.	<u>Arrive Atlanta</u> , take limousine to Atlanta Hilton, Courtland Street.
8:00 p.m.	Attend Kiwanis Banquet at Atlanta Hilton.

Wednesday, (appropriate date)

8:00 a.m.	Breakfast at Atlanta Hilton with Mr. Sam Marshall from Life of Georgia.
11:00 a.m.	<u>Depart Atlanta</u> , Delta Airlines, Flight 1009, for Denver, Colorado. Mr. Marshall will drive to airport. Lunch served on plan.
1:30 p.m. MST	<u>Arrive Denver</u> , check in to Denver Hilton Hotel, 1550 Court Place.
3:00 p.m.	Meeting with Mr. Jason Roberts at Western Offices, Metropolitan Building, 1612 Court Place. (303) 893-1263
7:30 p.m.	Dinner at home of Mr. J. P. Peterson, Vice President of Western Mutual; Mr. Peterson will provide trans- portation to his home.

Thursday, (appropriate date)

9:00 a.m.	Meeting at Western Mutual Offices. Tour of entire building.
12:00 noon	Lunch with Mr. Jason Roberts in Executive dining room of Western Mutual.

2:00 p.m.

Meeting resumes.

5:00 p.m.

Meeting over. Free for evening.

Friday, (appropriate date)

9:00 a.m.

Meeting in Western Mutual Offices.

2:55 p.m.

Depart Denver, Delta Airlines
Flight 306, for Columbus; lay-over
in Atlanta.

6:50 p.m. EST

Arrive Atlanta.

7:00 p.m.

Dinner with brother Mike at
Atlanta Airport.

8:50 p.m.

Depart Atlanta, Delta Airlines
Flight 701.

9:32 p.m.

Arrive Columbus.

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Appropriate Date)

Atlanta Hilton Hotel
Courtland Street
Atlanta, GA 30303

Attention Reservations Manager

Ladies and Gentlemen:

Please reserve a single room for Mr. Fred Simmons for Tuesday (appropriate date). Mr. Simmons will arrive in Atlanta on Delta Flight 766 from Columbus and will be attending the Kiwanis banquet that is being held at your hotel.

Please send written confirmation of this reservation.

Sincerely,

Martha Kelly
Secretary to Mr. Simmons

xx

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Appropriate Date)

Denver Hilton Hotel
1550 Court Place
Denver, CO 80202

Attention Reservations Manager

Ladies and Gentlemen:

Please reserve a single room for Mr. Fred Simmons for Tuesday and Wednesday nights, (appropriate dates). Mr. Simmons will be arriving from Atlanta on Delta Flight 1009 at 1:30 p.m. Would it be possible for him to check in at that time?

Please send written confirmation of this reservation.

Sincerely,

Martha Kelly
Secretary to Mr. Simmons

xx

INSTRUCTOR GUIDE SHEET

Unit Title: Type rough draft and final copy of unarranged menus

Description: The student should be required to arrange menu in attractive form and type final copy.

Materials, Supplies, and/or Equipment

Included: Rough draft for menu

Needed but not Included: Paper
Correction materials
Typewriter

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

HARMONY CLUB
Columbus, Georgia

DINNER MENU

Shrimp Cocktail

Prime Ribs with Mushrooms

Broccoli Casserole and Potatoes au gratin

Tossed Salad

Rolls and Butter

Baked Alaska

Coffee and Tea

HARMONY CLUB

Columbus, Georgia

DINNER MENU

Shrimp Cocktail

Prime Ribs with Mushrooms

Broccoli Casserole and Potatoes au gratin

Tossed Salad

Rolls and Butter

Baked Alaska

Coffee and Tea

INSTRUCTOR GUIDE SHEET

Unit Title: Type Conversion Charts

Description: The student should be required to type this conversion chart for Mr. Simmons to deliver this afternoon to two customers. The same chart can be used for both customers. One chart is for Mrs. Jane Lane, and the other is for Mr. Randall Oppen. Mrs. Lane is 42 and Mr. Oppen is 45 years of age.

Materials, Supplies, and/or Equipment

Included: Conversion chart

Needed but not Included: Plain paper
Typewriter
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour

Accuracy: See Employer's Manual

Mrs. Lane

Age 42

\$10,000 Converted

Monthly PAC Premium: \$12.20

<u>Year</u>	<u>Cash Value</u>	<u>Paid-up Value</u>
5	\$ 340.00	\$1,260.00
10	900.00	2,880.00
15	1,550.00	4,280.00
20	2,290.00	5,480.00

*Same chart will be used for Mr. Oppen.

INSTRUCTOR GUIDE SHEET

Unit Title: Annuity Protector Plan and Fill-In Form

Description: Mr. Haskins would like to have an Annuity Protector Plan for his infant daughter who is three months old.

The student should be required to type an Annuity Protector chart and fill in an Annuity Protector form for Mr. Simmons for Thursday afternoon.

Materials, Supplies, and/or Equipment

Included: Rough draft of chart form
Form

Needed but not Included: Typewriter
Correction materials
Typing paper

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 2 hours, 30 minutes

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

Annuity Protector

YOUR PLAN FOR FINANCIAL SECURITY

Prepared Especially For	Cecile Haskins	Age	3 months
Annual Savings Deposit \$	150	Face Amount	\$ 8,091
		Double to Age 55	\$ 16,181

I. At the end of 10 Years you will have:

A. Cash Value.	\$ 453
B. Annuity Fund*	\$ 914
C. Total Cash.	\$ 1,367
D. Death Benefit	\$ 16,181
E. Total If death occurred 10th Year	\$ 17,548

II. At the end of 20 Years you will have:

A. Cash Value.	\$ 1,167
B. Annuity Fund*	\$ 2,684
C. Total Cash Available.	\$ 3,851
D. Death Benefit	\$ 16,181
E. Total Cash If death occurred 20th Year.	\$ 20,032

III. At age 65 you would have:

A. Cash Value.	\$ 4,701
B. Annuity Fund*	\$ 53,856
C. Total Cash Available.	\$ 58,557
D. Death Benefit	\$ 8,091
E. Total Cash If death occurred at age 65.	\$ 66,648

(Cash value not included in death benefit after age 65)

*Annuity Fund Computed at 6%
Company Guarantees Minimum 4%

ANNUITY PROTECTOR
\$150.00

EMPLOYER'S MANUAL

Age	10 Yr. Cash Value	10 Yr. Ann. Fund	10 Yr. Total Cash	20 Yr. Cash Value	20 Yr. Ann. Fund	20 Yr. Total Cash	Age 65 Cash Value	Age 65 Ann. Fund	Age 65 Total Cash	Death Benf. Initial	Death Age 55 Ultimate
0	453	914	1,367	1,167	2,684	3,851	4,701	53,856	58,557	16,181	8,091
1	466	914	1,380	1,129	2,684	3,813	4,571	50,733	55,304	15,790	7,895
2	479	914	1,393	1,136	2,684	3,820	4,457	47,786	52,243	15,448	7,724
3	482	914	1,396	1,139	2,684	3,823	4,325	45,006	49,332	15,050	7,525
4	492	914	1,406	1,152	2,684	3,836	4,205	42,384	42,089	14,678	7,339
5	493	914	1,407	1,156	2,684	3,840	4,075	39,910	43,984	14,272	7,136
6	507	914	1,421	1,161	2,684	3,845	3,948	37,576	41,524	13,902	6,951
7	501	914	1,415	1,163	2,684	3,847	3,829	35,374	39,202	13,526	6,763
8	499	914	1,413	1,163	2,684	3,847	3,677	33,297	36,974	13,136	6,568
9	498	914	1,412	1,162	2,684	3,846	3,575	31,337	34,911	12,766	6,383
10	496	914	1,410	1,164	2,684	3,848	3,456	29,488	32,944	12,386	6,193
11	494	914	1,408	1,163	2,684	3,847	3,344	27,744	31,087	12,048	6,024
12	492	914	1,406	1,164	2,684	3,848	3,229	26,099	29,328	11,700	5,850
13	489	914	1,403	1,165	2,684	3,849	3,114	24,547	27,660	11,364	5,682
14	492	914	1,406	1,171	2,684	3,855	3,014	23,082	26,096	11,046	5,523
15	488	914	1,402	1,170	2,684	3,854	2,908	21,700	24,608	10,730	5,365
16	495	914	1,409	1,185	2,684	3,869	2,834	20,397	23,231	10,534	5,267
17	501	914	1,415	1,187	2,684	3,871	2,737	19,168	21,905	10,116	5,058
18	512	914	1,416	1,189	2,684	3,873	2,641	18,008	20,649	9,948	4,974
19	512	914	1,426	1,205	2,684	3,889	2,575	16,913	19,488	9,754	4,877
20	512	914	1,426	1,204	2,684	3,888	2,403	15,881	18,364	9,476	4,738
21	515	914	1,429	1,200	2,684	3,884	2,392	14,907	17,297	9,198	4,599
22	523	914	1,437	1,204	2,684	3,888	2,326	13,988	16,314	9,014	4,507
23	519	914	1,433	1,174	2,684	3,858	2,190	13,121	15,311	8,572	4,286
24	530	914	1,444	1,189	2,684	3,873	2,151	12,304	14,455	8,494	4,247
25	533	914	1,447	1,181	2,684	3,865	2,072	11,532	13,604	8,256	4,128
26	528	914	1,442	1,146	2,684	3,830	1,957	10,805	12,762	7,874	3,937
27	526	914	1,440	1,129	2,684	3,813	1,885	10,118	12,003	7,626	3,813
28	528	914	1,442	1,103	2,684	3,787	1,798	9,470	11,268	7,386	3,693
29	526	914	1,440	1,084	2,684	3,768	1,720	8,859	10,579	7,154	3,577
30	523	914	1,437	1,064	2,684	3,748	1,645	8,283	9,928	6,926	3,463

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IV-5-2

Age	10 Yr. Cash Value	10 Yr. Ann. Fund	10 Yr. Total Cash	20 Yr. Cash Value	20 Yr. Ann. Fund	20 Yr. Total Cash	Age 65 Cash Value	Age 65 Ann. Fund	Age 65 Total Cash	Death Benf. Initial	Death Age 55 Ultimate
31	528	914	1,442	1,046	2,684	3,730	1,598	7,739	9,337	6,816	3,408
32	525	914	1,439	1,013	2,684	3,697	1,527	7,226	8,753	6,596	3,298
33	517	914	1,431	976	2,684	3,660	1,454	6,742	8,196	6,376	3,188
34	509	914	1,423	936	2,684	3,620	1,384	6,285	7,669	6,166	3,083
35	500	914	1,414	893	2,684	3,577	1,315	5,855	7,170	5,950	2,975
36	493	914	1,407	887	2,684	3,571	1,253	5,448	6,701	5,760	2,880
37	482	914	1,396	877	2,684	3,561	1,189	5,065	6,254	5,568	2,784
38	469	914	1,383	867	2,684	3,551	1,128	4,703	5,831	5,384	2,692
39	458	914	1,372	856	2,684	3,540	1,069	4,362	5,431	5,204	2,602
40	443	914	1,357	843	2,684	3,527	1,012	4,040	5,052	5,032	2,516
41	432	914	1,346	838	2,684	3,522	968	3,736	4,704	4,912	2,456
42	416	914	1,330	822	2,684	3,506	915	3,450	4,365	4,754	2,377
43	398	914	1,312	807	2,684	3,491	865	3,180	4,045	4,600	2,300
44	381	914	1,295	789	2,684	3,473	816	2,925	3,741	4,456	2,228
45	362	914	1,276	773	2,684	3,457	773	2,684	3,457	4,330	2,165
46	340	914	1,254				691	2,457	3,148	4,048	2,042
47	319	914	1,233				618	2,243	2,243	3,792	1,896
48	298	914	1,212				549	1,850	1,850	3,542	1,771
49	276	914	1,190				482	1,671	1,671	3,300	1,650
50	255	914	1,169				419	1,501	1,501	3,068	1,534
51	235	914	1,149				358	1,342	1,700	2,842	1,421
52	213	914	1,127				302	1,191	1,493	2,625	1,312
53	194	914	1,108				249	1,048	1,297	2,216	1,108
54	173	914	1,087				199	914	1,113	2,212	1,101
55	159	914	1,073				159	787	946	2,090	1,045

INSTRUCTOR GUIDE SHEET

Unit Title: Filling in an insurance rate form for a special policy plan

Description: The student should be required to fill in a worksheet by typing in the necessary information.

Materials, Supplies, and/or Equipment

Included: Rough draft worksheet
Worksheet form
Rough draft of acknowledgement letter

Needed but not Included: Typewriter
Correction materials
Typing paper

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour

Accuracy: See Employer's Manual

ZETA SERIES 200

YOUR MONEY AT WORKPARTICIPATING
(\$10,000 Unit)Age 1

1. Dividends
2. Savings
3. Protection
4. Lifetime Income Option

Share in Earnings for Life***

Annual Guaranteed Endowments
for 19 yrs.
75.00

L I V E

At End of 20 Years

19 Endowments.	\$ 1.425	(1)
***Accumulated 4½%.	\$ 2.180	(2)
**Dividends.	\$ 1.566	(3)
Cash	\$ 91	(4)
Paid in Premiums	\$ 4.924	(7)
TOTAL CASH.	\$ 3.837	(5)
Net Premium Deposits	\$ 1.087	(8)
or Paid Up Policy	\$12.281	(6)
Your Annual Premium.	\$246.20	(9)

PHASE 1

If Death Occurs 1st Year

Basic Amount.	\$10,000
PLUS Return of all	
Premiums Paid	\$246.20
Accumulated Endowments.	\$ -0-
Accumulated Dividends	\$ -0-

TOTAL DEATH

BENEFITS. \$10,246.20

But that isn't all!

You get immediate cash of \$1,000

TOTAL BENEFITS. \$11,246.20

***As long as in force on a premium paid basis.

**Dividends and Endowments are guaranteed to
accumulate at only 3%.

If Death Occurs During 20th Year

PHASE 3

Basic Amount.	\$10,000
PLUS Return of all	
Premiums Paid	\$ 4,924
Accumulated Endowments.	\$ 2,014.13
Accumulated Dividends	\$ 1,429.10

TOTAL DEATH

BENEFITS.	\$18,367.23
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But that isn't all!

You get immediate cash of	\$ 1,000
-------------------------------------	----------

TOTAL BENEFITS.	\$19,367.23
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L I V E

At Age 65

Cash Value.	\$ 6,120.60
Accumulated Dividends	\$24,936.80
Accumulated Endowments.	\$15,119.19

PHASE 4

TOTAL CASH.	\$46,176.59
Total Deposits.	\$15,756.80
Cash Profit	\$30,419.79
Return of	\$ 2.93

For Each Dollar Invested

LIVE...QUIT...end of

Accumulated Dividends.	\$ 59.60
Accumulated Endowments	\$ 153.38
TOTAL.	\$ 212.98

PHASE 5

Paid-Up Insurance.	\$ 971.00
ACTUALLY PAID IN	\$ 738.60
Profit or Loss.	\$ 232.40

SUCCESSFUL PEOPLE HAVE THE ABILITY
TO MAKE DECISIONS
WHEN THEY HAVE ALL THE FACTS.

WHAT IS YOUR DECISION?

Mr. Fred Simmons
SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Georgia 31904

Dear Mr. Simmons:

Today, your representative, _____ has thoroughly explained to me by using the Presentation Kit and worksheet exclusively, the "Zeta Series 200 Contract." I understand that as an Zeta 200 Contract holder that: 1) I will participate in the divisible surplus earnings derived from the participating business of the company beginning at the end of the second year and each year thereafter for life. 2) With each Zeta 200 Contract, (10,000 unit) I have in force, I will receive annual endowments of \$75.00 each beginning at the end of the 2nd policy year and continuing each year thereafter until the 20th anniversary date of the policy. I also understand the option to leave this endowment with the Company to accumulate at 3% compound interest, take the same in cash or reduce my annual premium by said amount. 3) In the event of death during the first 20 years of the Zeta Contract holder, all monies paid in as premiums shall be returned to the beneficiary with no deductions. 4) In the event of death prior to the 20th policy anniversary, a "Sight Bank Draft" attached to the policy will be paid in the amount equal to 10% of the face value of the contract. 5) Upon death, the face amount of the contract will be paid to the beneficiary for the ultimate sum.

I understand the amounts of the Dividends cannot be guaranteed. Also, I understand that this Contract is an insurance policy on the life of the insured.

Sincerely,

Date _____

Address

City

Occupation

INSTRUCTOR GUIDE SHEET

Unit Title: Compose transmittal letter, fill in form letter, and type envelopes

Description: The student should be required to fill in form letters with information given, compose and type transmittal letters and type envelopes. Carbon copies should be made of transmittal letters.

Materials, Supplies, and/or Equipment

Included: Information for form letters
Form letter
Letterhead

Needed but not Included: Carbon paper
Copy paper
Envelopes
Correction materials
ZIP Code directory
Typewriter

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour

Accuracy: See Employer's Manual

IV-7-1

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. and Mrs. Howard Timmons
1683 Buena Vista Road
Columbus, GA 31906

Dear Mr. and Mrs. Timmons:

RE: Policy No. 58732

Enclosed is our form, AUTHORIZATION TO ACCEPT HOMEOWNERS POLICY.
Please sign this form and send it to the American Federal
Savings and Loan Association.

For your convenience, we have provided you with an addressed
envelope.

Sincerely,

Martha Kelly
Secretary to Mr. Fred Simmons

XX

Enclosures

*See next page for additional clients

Additional clients

Mr. Sam K. Grimes
4774 Hamilton Road
Columbus, GA 31904
American Federal Savings and Loan Association
123 12th Street
Columbus, GA 31901
Policy No. 58798
Loan No. 10573

Mrs. Mark Tipton
2400 Shenandoah Drive
Columbus, GA 31907
American Federal Savings and Loan Association
123 12th Street
Columbus, GA 31901

Mr. and Mrs. John Mabry
14 Nancy Street
Columbus, GA 31906
Home Federal Savings and Loan Association
201 13th Street
Columbus, GA 31901
Policy No. 15386
Loan No. 4453

Mrs. Martha E. Kruse
1911 Macon Road
Columbus, GA 31907
First Federal Savings and Loan Association
1234 First Avenue
Columbus, GA 31901
Policy No. 14892
Loan No. 84000

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AUTHORIZATION TO ACCEPT HOMEOWNER POLICY

POLICY NO. 58732TO: American Federal Savings & Loan Assn. LOAN NO. 11168
(Name of Lender)

Ladies and Gentlemen:

This letter authorizes Simmons Insurance Agency to provide Homeowners Insurance on my/our property.

This policy replaces the one you have in your files. Will you please check the information to make certain that the legal description of the property, wording of the mortgagee's name, etc., must meet with all the requirements of our loan agreement.

Thank you for giving this matter your prompt attention.

Sincerely,

(Husband) _____

(Wife) _____

(Other) _____

As the agent of record, I will be glad to be of service to you. Please contact me if you have any questions pertaining to this information.

Sincerely,

Fred Simmons
(Agent)

KEY TO STUDENT PACKET V

INSTRUCTOR GUIDE SHEET

Unit Title: Arranging and typing tabulated material

Description: Student will arrange and type from handwritten materials one copy of a health care plan comparison.

Materials, Supplies, and/or Equipment

Included: Unarranged handwritten copy

Needed but not Included: Plain paper
Correction materials
Typewriter

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour

Accuracy: See Employer's Manual

HEALTH CARE PLAN COMPARISON

	<u>CURRENT PLAN (your present coverage)</u>	<u>NEW PLAN (new coverage)</u>
Premium	Individual \$3.50/month Family \$4.80/month	Individual \$5.30/month Family \$7.60/month
Hospital Confinement	\$60/day--first 12 days \$40/day thereafter	\$100/day--first 12 days \$60/day thereafter
Drugs & Medicine	Actual charges up to \$12/day for length of Hospital Confinement	No charge
Surgical	\$50 to \$750	\$50 to \$1,200
Physician	Up to \$10/day--lifetime limit \$900	Up to \$15/day--no lifetime limit
Private Nursing	Up to \$25/day--lifetime limit \$1,500	Up to \$40/day--no lifetime limit
Anesthesia	\$30 to \$225--see schedule	\$50 to \$300--see schedule
Blood & Plasma	Expenses to lifetime limit of \$700	Expenses to lifetime limit of \$1,000
Ambulance	\$50--per confinement lifetime limit \$600	\$75 per trip--two trips per confinement--no lifetime limit
Extended Benefits	Expenses to \$6,000 per month beginning 91st consecutive day for Hospital Confinement and Drugs & Medicine Benefits	Expenses to \$7,500 per month beginning 91st consecutive day for Hospital Confinement and Drugs & Medicine Benefits

INSTRUCTOR GUIDE SHEET

Unit Title: Transcribe letters from machine dictation

Description: The student will transcribe six letters that have been recorded on a cassette tape. A carbon copy should be typed for each letter and an envelope addressed.

Materials, Supplies, and/or Equipment

Included: Cassette tape

Needed but not Included: Dictation equipment
Envelopes
ZIP Code directory
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 2 hours

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. Jack Jones
Advertising Manager
Radio Station WXYZ
1824 Second Avenue
Columbus, Georgia

Dear Jack:

Your reminder of the renewal date for the advertising for the Simmons Insurance Agency for your radio station is appreciated. I have had good response to the current advertising and wish to continue our relationship with Station WXYZ.

Please stop and see me next week. I am interested to hear your ideas for updating our advertising.

Sincerely,

Fred Simmons

xx

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. Harold Crimm
4612 Hamilton Road
Columbus, Georgia

Dear Mr. Crimm:

RE: International Insurance Company
Policy No. 438268719

We have just received notification from the International Insurance Company concerning your claim for services.

Since the initial waiting period for the new insurance policy had not expired, benefits are not available for the charges for treatment of the patient at the time services were rendered.

Please let me know if we can be of assistance in the future.

Sincerely,

Fred Simmons

xx

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. Ronald Conner
1747 Warm Sprints Road
Columbus, Georgia

Dear Mr. Conner:

Congratulations on the wisdom you have shown in preparing for your own and your family's security.

Simmons Insurance Agency is a specialist in insurance counseling. We keep you informed of new developments in insurance so that we can continue to provide you with the best possible service. We are always ready to assist you with your insurance needs.

Your plan for financial security was designed for today's circumstances. Tomorrow your requirements may be different. For that reason it is important that your program be reviewed at regular intervals. Please let the Simmons Insurance Agency review your plan when:

1. Another child is born.
2. You buy or sell a home.
3. Your employment or business situation changes.
4. A beneficiary dies.
5. Your group insurance benefits change.

Remember it is to your benefit to consult the Simmons Insurance Agency whenever you have questions about your insurance--or when you know of a friend or relative who would benefit from our services.

Sincerely,

Fred Simmons

xx

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. John Haley
3455 Macon Road
Columbus, Georgia

Dear Mr. Haley:

I am sure that you are aware that the cost of auto insurance is going up. We've all been hit by the rising cost caused by inflation. I feel an obligation to help you find ways of offsetting this increase on your renewal policy. I also want to remind you that the same factors that have caused the increase - such as the high cost of hospital rooms and replacing car parts damaged in accidents - should also prompt you to take a hard look to see if your bodily injury or property damage liability limits are sufficient.

The Simmons Insurance Agency has a long tradition of providing insurance counseling that gives our clients the best possible protection at a reasonable cost. We look forward to continuing to serve you in this tradition. Please call me to arrange a convenient time for reviewing your automobile coverage.

Sincerely,

Fred Simmons

xx

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

Mrs. Sandra Perkins
1146 Talbotton Road
Columbus, Georgia

Dear Mrs. Perkins:

Mr. James Fetter, claims manager for the International Insurance Company, has been notified of your injury in the fall near your swimming pool on (last Tuesday's date). You will be hearing from Mr. Fetter within a week.

The International Insurance Company would like to have the doctor's bill and the medical report on your injury as soon as possible.

Sincerely,

Fred Simmons

xx

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

Mr. and Mrs. David King
2201 Laurel Drive
Columbus, Georgia

Dear Mr. and Mrs. King:

More than 1500 life insurance companies operate in the United States. It would be an impossible task for any one individual to study all of these and come up with the "best one." The Simmons Insurance Agency compiles significant data on all life insurance companies. Only those companies which meet our rigid standards of safety and economy are selected to be represented by the Simmons Insurance Agency. Before doing business with any insurance company, the Simmons Insurance Agency must obtain "yes" answers to these questions:

1. Does the company qualify for the top rating of "excellent" by Best's Insurance Reports?
2. Does it have a minimum of \$3 billion coverage in force?
3. Does it diversify its selection of policyholders among many professions?
4. Does the company under consideration manage its resources sufficiently well to maintain adequate "reserves" - that is, the reasonable ability to face all possible financial losses resulting from claims?

Safety and economy are the two most important factors in the selection of life insurance protection. Trust the Simmons Insurance Agency to help you select the protection plan that best suits your needs.

Sincerely,

Fred Simmons

xx

INSTRUCTOR GUIDE SHEET

Unit Title: Type copy of expense report from handwritten copy

Description: Student will take information provided and type the expense record for trip made by employer. Any attractive format will be satisfactory.

Materials, Supplies, and/or Equipment

Included: Ncte from employer
Note from employer's secretary

Needed but not Included: Plain paper
Carbon paper
Correction materials
Typewriter
Calculator

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 30 minutes

Accuracy: See Employer's Manual

Format may vary

EXPENSE ACCOUNT

Trip to Denver
(appropriate date)

Original cash advance \$300

Expenses

Hotel - Atlanta (one night) \$ 45.00

Hotel - Denver (one night) 102.00

Porterage 10.25

Tips 14.75

Cab or limo service 17.50

Meals 35.00

Phone calls 7.50

TOTAL EXPENSES 232

Returned to Travel Expense Account \$ 68

Note: Plane ticket for this trip was purchased and shown on last month's expense record.

INSTRUCTOR GUIDE SHEET

Unit Title: Type material in column form for monthly newsletter.
Compose transmittal letter

Description: Student will take material furnished and type information for monthly newsletter. This material will be set up on 8½ x 11 paper in two columns three inches wide. Student will then compose and type transmittal letter for secretary's signature. Address large clasp envelope.

Materials, Supplies, and/or Equipment

Included: Notes from secretary
Letterhead

Needed but not Included: Plain paper
Correction materials
Typewriter
Onionskin paper
Carbon paper
Large clasp envelope

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 1 hour, 30 minutes

Accuracy: See Employer's Manual

Martha Kelly and her husband, Gene, celebrated their 25th wedding anniversary on (13th of last month). This happy couple met at the Simmons Insurance Agency 26 years ago when Gene stopped to use the telephone. Martha and Gene have one son and one daughter, Troy and Janice. They are both students at Auburn University, Auburn, Alabama. For this happy occasion, their children entertained them with dinner at the Green Islands Hills Country Club.

Martha began her career with the Simmons Insurance Agency when it opened in 1948.

Katherine Crosby of Simmons Insurance Agency and her husband, Jack, recently returned from a glorious trip to Hawaii. Her husband, who works for International Harvester in Albany, won a two-week, all-expense-paid trip to our 50th state. Not only did they spend time in Honolulu but also visited the islands of Maui and Hawaii. Katherine was impressed with the beauty of the area and has returned with many pictures. She had such a good time, she tells us she may begin giving hula lessons any day now.

While Katherine and her husband were enjoying Hawaii, Edgar Simmons of our Columbus office spent two weeks in Albany handling the business of the branch office.

Virginia and Frank Pearson, are now the proud parents of a beautiful baby girl. She was born (one month ago). Virginia, who has worked for Simmons since 1973, has planned to take a year's leave of absence so that she may be with little Linda. We hope we will soon have a picture of the happy family so that you can see for yourself that Linda Marie is as pretty as her name.

While Virginia is on leave, the Simmons Insurance Agency has been fortunate to obtain the services of (student), who is a recent graduate of Columbus Area Vocational-Technical School. She received a clerical certificate at this school and is presently taking accounting in their night program. WELCOME to the insurance field, (student).

Simmons Insurance Agency has recently added Western Mutual Insurance Company of Denver to their list of companies for which they write insurance. Mr. Fred Simmons returned this month from a trip to their home office. Everyone at Simmons is happy about this new associate.

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

(Current Date)

THE UNDERWRITER
1231 Peachtree Street, N.E.
Atlanta, GA 30303

Ladies and Gentlemen:

Thank you for asking us to submit personal information about our staff for including in next month's issue of THE UNDERWRITER. I am enclosing that material.

As requested we have included something about everyone employed by our firm. We are excited that Columbus will be featured in this particular issue. If you need further details, write me or call (404) 322-1415.

Sincerely,

Martha Kelly
Secretary to Mr. Simmons

XX

Enclosure

INSTRUCTOR GUIDE SHEET

Unit Title: Type four tables from rough draft

Description: Student will type tabulations from four rough drafts. Two of the tables require horizontal and vertical totals.

Materials, Supplies, and/or Equipment

Included: Rough drafts of four tables

Needed but not Included: Plain white paper
Calculator or ten-key adding machine
Typewriter
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 2 hours

Accuracy: See Employer's Manual

SIMMONS INSURANCE AGENCY

Percent of Policies Sold

19 - 19

	Term	Whole Life	Mortgage	Homeowners	Auto	Personal Property	High Risk	Marine	Total
January	.3928	.8979	1.0802	.8838	.5331				3.7878
February	4.9102	8.4315	7.2390	8.1229	7.3653	3.4231	.9961		40.4881
March	.6734	.3648	.2806	.0561	.3788	.3367	.1263		2.2167
April	.3928	.5191	1.0101	.6453	.8417				3.4090
May	.2245	1.4730	.7015	.8418	.6874	.9680	.4770	.1824	5.5556
June	.8137	2.0623	2.4270	2.6375	1.0382	.3227	.3788	.1683	9.8485
July	.5471	.8838	1.3328	.0702	.7576	2.5673			6.1508
August		.7015	.3648	.6453	.3507	.1684			2.2307
September	.1684	1.6134	2.4691	1.0803	1.4731	.4349			7.2392
October	3.0443	4.6717	4.5595	4.3350	1.6414	.0140	.2665	.0842	18.6166
November			.1684			.1964			.3648
December		.0421				.0421			.0842
TOTAL	11.1672	21.6611	21.6330	19.3182	15.0673	8.4736	2.2447	.4349	100.0000

SIMMONS INSURANCE AGENCY

Number of Telephone Interviews

	Term	Whole Life	Mortgage	Homeowners	Auto	Personal Property	High Risk	Marine	Total
January		8	8	6	5				27
February	19	27	24	25	22	16	3	1	137
March	9		7		5			1	22
April			8	6	5			1	20
May		10	7	6	4	10	11	3	51
June	8	10	11	11	6	8	12	3	69
July	8	9	8		5	14		4	48
August				10				4	14
September		9	11	7	7	8		1	43
October								1	1
November						8		1	9
December	15	17	17	15	7			1	72
Total	59	90	101	86	66	64	26	21	513

SIMMONS INSURANCE AGENCY

Number of Successful Home Interviews

19 - 19

	Term	Whole Life	Mortgage	Homeowners	Auto	Personal Property	High Risk	Marine	Total
January		3	3	2	2				10
February	13	22	19	21	19	9	2		105
March	3		2		2				7
April			3	2	2				7
May		5	2	2	1	3	1		14
June	2	5	6	7	3	1	1		25
July	2	4	3		2	7			18
August				6					6
September		4	6	3	4	1			18
October	9	12	12	11	4				48
November									0
December						1			1
TOTAL	29	55	56	54	39	22	4	0	258

SIMMONS INSURANCE AGENCY

Face Amount of Policies (in Hundreds)

Dollar Volume

	Term Whole Life	Mortgage Homeowners	Personal Property	Auto	High Risk	Marine	Total
1st Quarter		27.9813	14.1076	1.0340	26.5082	12.4067	84.0378
2nd Quarter		.7794			1.1078		1.8872
3rd Quarter	4.7545	7.8722		.4431	1.6248	2.5849	17.2795
4th Quarter	13.1722	24.3180	7.0148	17.6514	23.1167	11.5214	96.7945

INSTRUCTOR GUIDE SHEET

Unit Title: Typing promotional booklet

Description: The student will type a promotional booklet from rough draft.

Materials, Supplies, and/or Equipment

Included: Rough draft of booklet

Needed but not Included: Typewriter
Plain paper
Correction materials

Requirements (Suggested)

Proficiency Level or Prerequisites: See Employer's Manual

Approximate Time to Complete: 3 hours

Accuracy: See Employer's Manual

Life insurance. To most college seniors, it is an idea whose time has simply not yet come.

Most people in their early twenties have never even thought about it.

If you're a college senior and someone mentions life insurance to you, you're no doubt convinced that you have better things to think about. It's your last year as an undergraduate, and you want to enjoy it. You want to concentrate on your final courses. You need to consider what to do afterwards--more study, a year or two on the move, your first real career job.

You don't have a family or a lot of money to invest. So why waste time even thinking about life insurance? It's a common attitude. We understand it. We deal with it all the time. But we don't agree with it.

We know there are strong reasons for beginning a life insurance program at an early age. We've built virtually our entire business around this one idea, and over the years we've met with remarkable success.

Why? Because a lot of college seniors agree with us. Despite their relative youth, many seniors are thinking seriously about their future and sees a clear need to begin making some basic decisions. Each year, tens of thousands of these young people are concerned enough about security and estate building to begin a life insurance program of their own.

But what does that have to do with you? You still have the same doubts and hesitations. You wonder, really, what it's all

about. Why should you think about beginning a life insurance program now? What importance does it have to you? How much does it cost? Can you afford it?

Why do people buy life insurance?

It's no mystery. Most people buy life insurance for one or a combination of a few basic reasons.

They want protection for themselves and for their family.

They want to begin building an estate which can be drawn upon in times of need; what's more, they want guaranteed savings at a guaranteed return.

They want to secure for themselves a dependable source of income for the day they no longer want to work.

It's no more complicated than that. No less real and no less important. People want security and protection against a host of unforeseen circumstances. And millions of people every year find that their best security and protection can be found in a life insurance policy.

Life insurance has particular characteristics offered by no other form of savings or investment. It's versatile and it can be applied to a wide variety of circumstances.

Death and Disability

No one, of course, likes to think about his/her own death, or about being disabled. Young people in particular have a tendency to look upon these as eventualities that are a long way off--too long to even consider.

But life is full of the unexpected. And the unexpected in terms of death and disability can be, and often is, catastrophic for a person's family. Many people are simply not prepared for a sudden avalanche of medical bills, often connected with a just-as-sudden disappearance of a regular source of income.

The facts speak for themselves: 36% of all young men who are today 25 years of age will not live until the age of 65. Last year, over two million people died in the United States from one cause or another. And the probability of disability for a young man 25 is many times greater than that of death over the next 20 years.

The odds, of course, are reasonably favorable that any one of us will not meet either death or disability for many years. But we can't be certain. And many people do not want to rely on the "It can't happen to me" syndrome.

That's why they seek protection. That's their main motivation for the purchase of life insurance.

Financial Emergencies

People who look ahead suspect that somewhere down the line they are going to need readily available cash for a lot of different reasons--sending the kids to college, or buying a new car, or paying off medical bills not covered by hospitalization insurance. And they can't be certain that this cash can be easily drawn from their regular source of income.

So they like to have a nest egg.

This can be done, of course, through any one or a combination of means--a savings account, stocks and bonds, investments in real estate. Some of these means are more risky than others; some pay bigger dividends or interest; some are more liquid.

But life insurance is the only plan designed specifically to serve as protection against death and disability, while at the same time providing emergency financial resources.

And this is one of the most popular features of permanent life insurance. People who buy it know that they are not just throwing their money down the drain. They realize that their policy over the years is building up a certain cash value which they can draw upon in times of need.

Retirement

Finally, there is retirement. It's a constant for most people. It will be there. And people normally give a good deal of thought to how they will support themselves when the day arrives.

Planning for retirement income is particularly difficult for a college senior. You have no way of knowing what you'll be doing for the next thirty or forty years, how much you'll earn, how much you'll save, what kind of financial situation you'll be in when you're 55, or 60, or 65.

But that's one of the advantages of permanent life insurance. It is designed to cover all contingencies. When you begin a

permanent life insurance program, you get protection against death or disability, you get a ready source of cash for emergencies, and as an added benefit, you get the option of converting the accrued cash value on your policy into a regular source of income when you retire.

Should you begin a life insurance program at an early age?

If you're young and you're thinking about life insurance, you may well say to yourself, "Sure, it's a good thing, but I don't need it now. There's no hurry. I've got a lot of time. It's something I can do in 5 or 10 years, when I'm more settled."

There are, however, some definite advantages to beginning an insurance program while you're young, and you should be aware of them.

First, and perhaps most importantly, the younger you are when you begin your life insurance program, the less expensive it's going to be.

It's that simple. As you get older, you become a greater risk to any insurance company, and you are going to pay more for your life insurance policy.

Second, the older you get, the better the chances are that something will happen to limit your insurability. You might have an accident, or become ill, and your ability to get life insurance, as well as the amount that you pay for it, can be limited by these developments. You may be just as healthy 5 or 10, or 20 years from now as you are today, but you can't be sure.

By beginning an insurance program while you're young, you can build in certain guaranteed insurability options that will be available to you later on, no matter what happens.

Finally, the younger you are when you begin, the longer you will have your policy in force and the more, consequently, you will have in your estate. Every year that goes by, the cash value available to you increases.

As a college senior, can you afford to begin a life insurance program?

Money can be a big problem for a college senior. Your parents have spent a lot putting you through school, or you've worked hard to pay for your own education.

You don't have your first career job yet, and you have a lot of on-going expenses--books and clothes and rent and entertainment--things you have to pay for and things you want to pay for.

So, even if you're convinced that it would be a good idea to begin a life insurance program, there's still the question as to whether you can afford it.

The answer in most cases is yes.

When we began developing our college senior program some years ago, we were aware that most students don't have a lot of extra cash to throw around. We knew that we would have to provide some kind of special payment arrangements if our program was to prove feasible for college seniors.

When you begin your college program, you have available a variety of premium payment schedules, designed specifically to

meet the needs of college seniors. Most seniors begin their program while still in school and don't start regular premium payments until one year later.

There are no tricks, no buried-in-the-fine-print costs or conditions. We tell you exactly when you will have to begin paying and how much you'll have to pay, and what you're paying in finance charges and what kind of coverage you're getting.

We know that each student is different, with his or her own requirements and resources. But after years of working in the field, we also have seen that beginning an insurance program while you're young is in most cases beneficial and affordable.

Who offers you the best program?

Shopping for an insurance company can be like buying a new car. You begin looking around and you discover that there are a lot of different companies, a lot of different models, a lot of different price tags.

It's easy to get confused. You aren't quite sure which package to put together and how much you should pay for it.

The only difference with insurance is that it is less familiar to you and, therefore, more confusing.

You've heard the names of many different companies, and you may have been contacted by a few. You know there are literally thousands of different plans, with different benefits, offered at different prices.

So what do you do? Even if you're convinced that you want

to begin a program, or at least investigate the possibility, which company do you turn to?

We can only give you our side of the story.

We are the country's leading company in life insurance for college seniors; in fact, we begin more life insurance programs for college seniors than all other companies combined.

Currently, we have over 300,000 policyholders, 90% of whom began their program while they were college seniors.

The average age of our policyholders is 26, and 80% of our sales are made to students.

And all of this has come about because we concentrate on the college senior market. It's our specialty.

Our tremendous success, we believe, can be attributed to a few basic facts:

1. We have a program that's been designed exclusively for college seniors.
2. We've been dealing with college seniors for many years; we know their problems; we understand their needs and sensibilities.
3. We have highly trained Field Associates on 80% of the college campuses in this country. They're young and professional. Their average age is 28 and virtually all have college degrees.
4. We concentrate on low-key sales efforts and quick, efficient service for our policyholders. Our Field Associates are instructed never to employ heavyweight arm-twisting sales tactics.

We're convinced this has been the key to our success, and we plan to continue to emphasize these basic points. They've proven attractive to hundreds of thousands of college seniors, and we think they'll prove attractive to you.

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We urge you to give some serious thought to beginning a life insurance program while you're young.

Federal law prohibits discrimination on the basis of race, color or national origin (Title VI of the Civil Rights Act of 1964); sex (Title IX of the Educational Amendments of 1972 and Title II of the Vocational Education Amendments of 1976); or handicap (Section 504 of the Rehabilitation Act of 1973) in educational programs or activities receiving federal financial assistance.

Employees, students and the general public are hereby notified that the Georgia Department of Education does not discriminate in any educational programs or activities or in employment policies.

The following individuals have been designated as the employees responsible for coordinating the department's effort to implement this nondiscriminatory policy.

Title II - Loydia Webber, Vocational Equity Coordinator

*Title VI - Peyton Williams Jr., Associate Superintendent
of State Schools and Special Services*

Title IX - Myra Tolbert, Coordinator

Section 504 - Jane Lee, Coordinator of Special Education

Inquiries concerning the application of Title II, Title VI, Title IX or Section 504 to the policies and practices of the department may be addressed to the persons listed above at the Georgia Department of Education, Twin Towers East, Atlanta 30334; to the Regional Office for Civil Rights, Atlanta 30323; or to the Director, Office for Civil Rights, Education Department, Washington, D.C. 20201.